

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20044

7135

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

15

2005

through

12

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

04

01

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	1	5	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		31016.61
(b) Cash on Hand at Beginning of Reporting Period .....	17932.66	
(c) Total Receipts (from Line 19) .....	61493.34	231406.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	79426.00	262423.15
7. Total Disbursements (from Line 31) .....	47474.56	230471.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31951.44	31951.44
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	1	5	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	37778.00	114980.00
(i) Itemized (use Schedule A) .....	23562.09	116273.29
(ii) Unitemized .....	61340.09	231253.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	61340.09	231253.29
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	153.25	153.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	61493.34	231406.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61493.34	231406.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11564.56	33811.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	11564.56	33811.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	194750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	10.00	10.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	10.00	10.00
29. Other Disbursements.....	400.00	1900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47474.56	230471.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47474.56	230471.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	61340.09	231253.29
34. Total Contribution Refunds (from Line 28(d)) .....	10.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61330.09	231243.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11564.56	33811.71
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11564.56	33811.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
KATHRYN Kathryn ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code  
Tyler TX 75711-7648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategies In Employee Be-  
nefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 5

Transaction ID: 10504881

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
KATHY M. RAINWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code  
Tyler TX 75701-9455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Threlkeld & Company Insur-  
ance

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 5

Transaction ID: 10504886

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
RONALD S. BUFFUM

Mailing Address 1000 Heritage Center Circle

City State Zip Code  
Round Rock TX 78664-4463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Buffum Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 5

Transaction ID: 10504891

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** KENNETH L. SCHMIDT

Mailing Address 1332 Hunters Hollow Court

City State Zip Code  
 Eureka MO 63025-1051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MSM&F

Occupation  
Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 2 / 2 0 0 5

Transaction ID: 10504896

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B.** WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City State Zip Code  
 Martinsville IN 46151-2033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Community Mutual  
Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 5

Transaction ID: 10504903

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** SUZY E. ALBERTS

Mailing Address 22101 Michigan Avenue

City State Zip Code  
 Dearborn MI 48124-2204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Servic-  
es

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 7 / 2 0 0 5

Transaction ID: 10518756

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
Christopher W. Heiberger

Mailing Address 5525 Parkcenter Circle

City State Zip Code  
Dublin OH 43017-3584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Health Plans

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 0 5

Transaction ID: 10518760

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
THELMA KACZMAREK

Mailing Address PO Box 345  
P O Box 345

City State Zip Code  
Ravenna OH 44266-1684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaczmarek Ins. Services  
Agency Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 0 5

Transaction ID: 10518736

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Lou Ann Racher

Mailing Address P.O. Box 12042

City State Zip Code  
Columbus OH 43212-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio AHU

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 0 5

Transaction ID: 10518763

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A. STEVE SELINSKY**

Full Name (Last, First, Middle Initial)

Mailing Address 28588 Northwestern Highway Suite

City	State	Zip Code
Southfield	MI	48034-8335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PPOMOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	5

Transaction ID: 10518729

Amount of Each Receipt this Period

50.00

**B. DENNY WRIGHT**

Full Name (Last, First, Middle Initial)

Mailing Address 111 East Ludwig Road Suite 108

City	State	Zip Code
Fort Wayne	IN	46825-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntraHealth Solutions In-  
c.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	5

Transaction ID: 10518753

Amount of Each Receipt this Period

50.00

**C. SUE Sue BISBEE**

Full Name (Last, First, Middle Initial)

Mailing Address 15 East Washington Street

City	State	Zip Code
Coldwater	MI	49036-1981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
InfiniSource Inc.Occupation  
Regional Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	5

Transaction ID: 10518768

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL A EMBRY, SR

Mailing Address 20700 Civic Center Drive Suite 25

City State Zip Code  
 Southfield MI 48076-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comerica Insurance Services Inc.

Occupation  
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 7 / 2 0 0 5

Transaction ID: 10518734

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
LAWRENCE KACZMAREK

Mailing Address 6711 Berry Rd

City State Zip Code  
 Ravenna OH 44266-1684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaczmarek Insurance Services Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 7 / 2 0 0 5

Transaction ID: 10518728

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
John P. May

Mailing Address 100 East Campus View Blvd Suite 3

City State Zip Code  
 Columbus OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
May Insurance Services Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 7 / 2 0 0 5

Transaction ID: 10518764

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** TERRI D ADAMS

Mailing Address PO Box 1290

City State Zip Code  
 Prairieville LA 70769-1290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Strategies

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504908

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** KEERRY D ALDRIDGE

Mailing Address 1501 N. Limestone, Suite 100

City State Zip Code  
 Lexington KY 40505-3200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CKBS Insurance Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504909

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** David Ayre

Mailing Address 6340 South 3000 East # 500

City State Zip Code  
 Salt Lake City UT 84121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intermountain Financial  
Benefit

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504914

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** THOMAS R BELDING

Mailing Address 10917 Old River Trail

City State Zip Code  
 Edmond OK 73013-8382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Professional Reinsurance  
Marketing Ser

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504925

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** BRUCE D BENTON

Mailing Address 19528 Ventura Boulevard # 596

City State Zip Code  
 Tarzana CA 91356-2917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Genesis SmithBenton Insur-  
ance & Financ

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504928

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** Andrew F. Biernat

Mailing Address 41 Notre Dame Lane

City State Zip Code  
 Utica NY 13502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meridian Group Of New Yor-  
k, Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504929

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Tracy Q Bradford

Mailing Address 866 Ridgeway Loop Road, Suite 200

City State Zip Code  
 Memphis TN 38120-4000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clay & Land Insurance, In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504938

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** Susan E Cook

Mailing Address 3495 Piedmont Road, NE  
 9 Piedmont Center

City State Zip Code  
 Atlanta GA 30305-1773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kaiser Permanente

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504963

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway Suite

City State Zip Code  
 Dallas TX 75243-1741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Waldman Brothers

Occupation  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504972

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Stephanie M. Denz

Mailing Address 9000 Cypress Green Drive Suite 10

City	State	Zip Code
Jacksonville	FL	32256-5508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitPort SoutheastOccupation  
Field Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10504974

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** SHARON DICORATO

Mailing Address 801 Pine Street Suite 4G1

City	State	Zip Code
Chattanooga	TN	37402-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
TNOccupation  
Manager, Individual Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10504977

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C.** JEFF GENNARO

Mailing Address PO Box 10315

City	State	Zip Code
Phoenix	AZ	85064-0315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Insurance Brokers  
Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505005

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

55.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
GERARD GERSHONOWITZ

Mailing Address 980 Broadway Suite 608

City State Zip Code  
 Thornwood NY 10594-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morrell Consulting Group  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505006

Amount of Each Receipt this Period

75.00

**B.** Full Name (Last, First, Middle Initial)  
CAROLYN L GOODWIN

Mailing Address 4959 Mill Run Rd.

City State Zip Code  
 Dalls TX 75244-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBIZ Benefits & Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505009

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN A GRIM

Mailing Address P O Box 1105

City State Zip Code  
 Virginia Beach VA 23451-0105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-Atlantic Agency Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505014

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CRISTY RUSSELL GUPTO

Mailing Address 357 Sanford Drive

City State Zip Code  
Morganton NC 28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flexible Benefit Manageme-  
nt

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505017

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher S. Harrison

Mailing Address 921-C South McPherson Church Road

City State Zip Code  
Fayetteville NC 28303-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505026

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS M HARTE

Mailing Address 20 Mary E. Clark Drive #10

City State Zip Code  
Hampstead NH 03841-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Landmark Benefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505027

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JON W HICKS

Mailing Address 3620 Mountainside Drive

City State Zip Code  
 Colorado Springs CO 80918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hicks Benefit Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505037

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** JON W HICKS

Mailing Address 3620 Mountainside Drive

City State Zip Code  
 Colorado Springs CO 80918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hicks Benefit Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505039

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Gloria D. Hopper

Mailing Address 6400 Fairview Road

City State Zip Code  
 Charlotte NC 28210-3237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wachovia Insurance Services Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505049

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) RANDY JOPPIE		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5	
Mailing Address Collins and Associates 5075 Cascade Road SE		<b>Transaction ID:</b> 10505060	
City Belding State MI Zip Code 48809		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Collins & Associates Corp- oration		Occupation Director of Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 940.00	
<b>B.</b> Full Name (Last, First, Middle Initial) MARK KENNEDY		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5	
Mailing Address 1173 Brittmoore Road		<b>Transaction ID:</b> 10505067	
City Houston State TX Zip Code 77043-5003		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Concepts Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	
<b>C.</b> Full Name (Last, First, Middle Initial) ROSS W KRAFT		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5	
Mailing Address 41 Notre Dame Lane		<b>Transaction ID:</b> 10505076	
City Utica State NY Zip Code 13502		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Meridian Group of New Yor- k, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
RONALD M LEVINE

Mailing Address 4037 Jordan Lake Place

City State Zip Code  
Marietta GA 33602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARINSO InternationalOccupation  
Vice President of Sales, SE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505088

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
CHERYL LOMBARDI

Mailing Address 1331 North California Blvd, Ste 30

City State Zip Code  
Walnut Creek CA 94596-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Claremont Insurance Servi-  
cesOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505093

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)  
JUAN LOPEZ

Mailing Address 200 N. Lewis Street

City State Zip Code  
Orange CA 92868-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser PermanenteOccupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505094

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

MAURICE LYONS

Mailing Address 301 Madison Avenue 4th Floor

City State Zip Code  
 New York NY 10017-8103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Medical Link Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505096

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

LINDA MACKEY

Mailing Address PO Box 1001

City State Zip Code  
 Tyrone GA 30290-1001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Linda Mackey Insurance  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505098

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DALE W MALONEY

Mailing Address 125 South Swoope Avenue Suite 210

City State Zip Code  
 Maitland FL 32751-5784

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefits Division Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505102

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CAROLYNNE MULDOON

Mailing Address 457 Main Street

City State Zip Code  
Longmont CO 80501-5534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Milestone Insurance Agency

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505121

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
Kirby V. Nielsen

Mailing Address 7100 N. High St. #209

City State Zip Code  
Worthington OH 43085-2316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nielsen Insurance Agency  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505130

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN MALEY\_RASH

Mailing Address 2108 West Laburnum Avenue Suite 3

City State Zip Code  
Richmond VA 23227-4300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BB&T Benefit Consultants  
of Virginia

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505168

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ALINE ROBERTS

Mailing Address 3537 Old Conejo Rd., Ste. 114

City	State	Zip Code
Newbury Park	CA	91320-6189

FEC ID number of contributing federal political committee.

C

Name of Employer  
Insurance DimensionsOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505179

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B.** WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City	State	Zip Code
Martinsville	IN	46151-2033

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Community Mutual InsuranceOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505181

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** MEL A SCHLESINGER

Mailing Address PO Box 30100

City	State	Zip Code
Winston Salem	NC	27130-0100

FEC ID number of contributing federal political committee.

C

Name of Employer  
The Rainmakers Group Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505189

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JAMES D SCHULZ

Mailing Address 7101 S. 82nd St.

City State Zip Code  
 Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midlands Financial Benefi-  
ts

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505191

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** Bob G Shupe

Mailing Address PO Box 2344

City State Zip Code  
 Brentwood TN 37024-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ESP Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505196

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** ANNE P SPERLING

Mailing Address 25 Antigua Road

City State Zip Code  
 Santa Fe NM 87508-2201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Daniels Insurance Inc.

Occupation  
Employee Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505208

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) CAROL STEELE Mailing Address 1000 South Cleveland-Massillon Rd City Akron State OH Zip Code 44333-9204 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Benefit Designs Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505211 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Burley W. Strader Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042 City Winston Salem State NC Zip Code 27114-4042 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MedCost Benefit Services LLC Occupation Senior Sales Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505216 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) JAMES F. SUMMERS Mailing Address 15316 Pine City Omaha State NE Zip Code 48144 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Senior Market Sales Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 940.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505220 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Donald B. Thompson Mailing Address 9700 Ormsby Station Rd. # 200 City State Zip Code Louisville KY 40223-4207 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Thompson Associates Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505227 Amount of Each Receipt this Period 150.00
<b>B.</b> Full Name (Last, First, Middle Initial) DANIEL R TOMPKINS, JR Mailing Address PO Box 1810 City State Zip Code Roswell GA 30077-1810 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Admin America Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505228 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) DANIEL R. TOMPKINS, III Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite City State Zip Code Roswell GA 30077-1810 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Admin America Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505229 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ALBERT J TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City	State	Zip Code
Boca Raton	FL	33431-7379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John HancockOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505231

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B.** WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City	State	Zip Code
Tyler	TX	75701-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Threlkeld & Company InsuranceOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505238

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** PETER VINTON

Mailing Address 9480 Deereco Road

City	State	Zip Code
Timonium	MD	21093-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corporate Coverage LLCOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505240

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

M HUGHES WARREN

Mailing Address P.O. Box 7661

City State Zip Code  
 Wilmington NC 28406-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505242

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

JOHN L WARWICK

Mailing Address PO Box 272  
 1907 B Mangrove Ave.

City State Zip Code  
 Chico CA 95927-0272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Warwick Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505243

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)

Richard E. Wheeler

Mailing Address 617 Highway 71 Building 2-6

City State Zip Code  
 Brielle NJ 08730-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard E. Wheeler Insura-  
 nce Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505248

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

145.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DAVID B WILLS  
Mailing Address 902 Brynwood Dr

City State Zip Code  
Chattanooga TN 37415-3306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D. B. Wills & Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505252

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN L WILSON  
Mailing Address 1151 Red Mile Road

City State Zip Code  
Lexington KY 40504-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Insurance Marketi-  
ng

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505255

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Kelly J. Witt  
Mailing Address 11555 North Meridian Street Suite

City State Zip Code  
Carmel IN 46032-6945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sagamore Health Network

Occupation  
Vice President - Marketing & Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505258

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

DENNY WRIGHT

Mailing Address 111 East Ludwig Road Suite 108

City State Zip Code  
 Fort Wayne IN 46825-4240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505263

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DENNY WRIGHT

Mailing Address 111 East Ludwig Road Suite 108

City State Zip Code  
 Fort Wayne IN 46825-4240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505264

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J Bishop

Mailing Address 2785 East Desert Inn Rd. # 134

City State Zip Code  
 Las Vegas NV 89121-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KIA Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504930

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM J BRANNON  
Mailing Address 7 Terrace Way Suite C

City State Zip Code  
Greensboro NC 27403-3666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Group US Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504939

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
DOROTHY M COCIU  
Mailing Address P.O. Box 1941

City State Zip Code  
Big Bear Lake CA 92315-1941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Benefit Consulting & Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504960

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL A CUTTER  
Mailing Address 624 Griffin Road Suite B

City State Zip Code  
Indianapolis IN 46227-8504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana Dept. of Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504967

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
RUSH DAVID DIXON  
Mailing Address 1375 Piccard Drive

City State Zip Code  
Rockville MD 20850-4311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Early Cassidy and Schilli-  
ng

Occupation  
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504978

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN H DODDER  
Mailing Address PO Box 2069

City State Zip Code  
Monument CO 80132-2069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Time Insurance/Assurant  
Health

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504979

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL A EMBRY, SR  
Mailing Address 20700 Civic Center Drive Suite 25

City State Zip Code  
Southfield MI 48076-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Servic-  
es Inc.

Occupation  
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10504989

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

CHARLES T GARTLAN

Mailing Address PO Box 1268

City	State	Zip Code
Toms River	NJ	08754-1268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitPort LLCOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505002

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)

RICHARD R GIRDLER, JR

Mailing Address 113 Seaboard Lane Suite C-170

City	State	Zip Code
Franklin	TN	37067-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cowan Benefit Services  
Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505007

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

GERALD G HARTMAN

Mailing Address 1487 S. David Lane  
PO Box 5716

City	State	Zip Code
Boise	ID	83705-0716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Network America  
Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Transaction ID: 10505028

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SHEILA HARTMAN

Mailing Address 21700 Oxnard St. # 1270

City State Zip Code  
 Woodland Hills CA 91367-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Financial Independence Co-  
mpany

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505029

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** HUGH R HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City State Zip Code  
 Tacoma WA 98402-4468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategic Employee Benefit  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505034

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code  
 Burbank CA 91501-1522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jardez Financial & Insura-  
nce Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505036

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Sheri S Hokin Mailing Address 3330 Dundee Road Suite C-3 City Northbrook State IL Zip Code 60062-2328 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hokin Sternberg Insurance Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505045 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) DAVID S JOHNSON Mailing Address P. O. Box 871129 City Stone Mountain State GA Zip Code 30087-0029 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer David S. Johnson Insurance Occupation Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 590.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505058 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) SANDRA JOHNSON Mailing Address 12500 Network Blvd # 403 City San Antonio State TX Zip Code 78249-3310 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hairston Johnson & Associates PLLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 10505057 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Thomas G Kaufman

Mailing Address 1903 O'Toole Way

City State Zip Code  
 San Jose CA 95125-5107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCI Insurance Services  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505064

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT M LAY

Mailing Address 3112 Forest Avenue

City State Zip Code  
 Fort Worth TX 76112-7002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lay & Williams Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505081

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** JESSE A PATTON

Mailing Address 2175 NW 86th Street Suite 14

City State Zip Code  
 Des Moines IA 50325-5557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associations Marketing Gr-  
oup Inc.

Occupation  
CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505148

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JAMES E PRICE, III

Mailing Address 5709 North West Avenue

City State Zip Code  
 Fresno CA 93711-2366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Price Associates Insurance  
Services I

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505164

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** JON C RAUSER

Mailing Address 400 East Wisconsin Avenue # 200

City State Zip Code  
 Milwaukee WI 53202-4499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Rauser Agency Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505169

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

**C.** EDWARD ROLING

Mailing Address 343 Six Forks Road

City State Zip Code  
 Raleigh NC 27609-7800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Delta Dental of North Car-  
olina Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505183

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
FRANCIS A RUGGIERO  
Mailing Address 15 Kennedy Drive

City State Zip Code  
Budd Lake NJ 07828-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Ruggiero Group LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505186

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
RAYMER M SALE, JR  
Mailing Address P. O. Box 424420  
1255 Lakes Pkwy Ste 120 Zip 3004

City State Zip Code  
Lawrenceville GA 30042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E2E Benefits Services In-  
c.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505187

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT C TRETTER  
Mailing Address 13016 Delmar Street

City State Zip Code  
Leawood KS 66209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thomas McGee L.C.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505232

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
Lafayette LA 70503-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Physician's Mutual Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2005

Transaction ID: 10505241

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** GREG A YODER

Mailing Address 1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ray Silva Insurance Associates Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2005

Transaction ID: 10505265

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** ROBERT A ZIFF

Mailing Address 17 North Delmorr Avenue

City State Zip Code  
Morrisville PA 19067-6278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Avanti Benefits Corp

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2005

Transaction ID: 10505266

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JOHN S HELMS

Mailing Address 2000 N 14th Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John Helms & Associates

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505033

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** SHARON R ROSS

Mailing Address 2000 N. 14th Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Healthcare

Occupation  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505184

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MARIA KENNEDY

Mailing Address 1149 Court Street NE

City State Zip Code  
Salem OR 97301-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Oregon Industr-  
ies

Occupation  
Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 5

Transaction ID: 10505066

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. A. L. Hombroek

Mailing Address 30 Lumpkin St Suite D

City State Zip Code  
 Lawrenceville GA 30046-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multiple Benefits Corpora-  
tion

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 5

Transaction ID: 11142069

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RAYMER M SALE, JR

Mailing Address P. O. Box 424420  
 1255 Lakes Pkwy Ste 120 Zip 3004

City State Zip Code  
 Lawrenceville GA 30042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E2E Benefits Services In-  
c.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 5

Transaction ID: 11141927

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CAROLYN L GOODWIN

Mailing Address 4959 Mill Run Rd.

City State Zip Code  
 Dalls TX 75244-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBIZ Benefits & Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 0 5

Transaction ID: 11141934

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

1120.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
LOUANNE TREBING

Mailing Address 1806 Patton Drive

City State Zip Code  
Garland TX 75042-8205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trebing Insurance Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 5

Transaction ID: 11141956

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
Jean Van Der Sommen

Mailing Address 3346 Gwinnett Planation Way

City State Zip Code  
Duluth GA 30096-4647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lloyd Bennett & Co. Inc.

Occupation  
Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 5

Transaction ID: 11142108

Amount of Each Receipt this Period

480.00

**C.** Full Name (Last, First, Middle Initial)  
Beth M. Beam

Mailing Address 5516 Lonas Drive Suite 240

City State Zip Code  
Knoxville TN 37909-3247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Employee Benefi-  
ts Services

Occupation  
Employee Benefit Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 5

Transaction ID: 11141963

Amount of Each Receipt this Period

395.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Karen L. Brett Mailing Address Two City Place Drive, #200 City State Zip Code Saint Louis MO 63141-7055 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Colonial Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 5 <b>Transaction ID:</b> 11142050 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) TERRI D ADAMS Mailing Address PO Box 1290 City State Zip Code Prairieville LA 70769-1290 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Benefit Strategies Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408677 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) KEERRY D ALDRIDGE Mailing Address 1501 N. Limestone, Suite 100 City State Zip Code Lexington KY 40505-3200 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CKBS Insurance Group Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 820.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408778 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) David Ayre Mailing Address 6340 South 3000 East # 500 City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Intermountain Financial Benefit Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID: 11408576</b> Amount of Each Receipt this Period 80.00
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS R BELDING Mailing Address 10917 Old River Trail City State Zip Code Edmond OK 73013-8382 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Professional Reinsurance Marketing Ser Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID: 11408783</b> Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) BRUCE D BENTON Mailing Address 19528 Ventura Boulevard # 596 City State Zip Code Tarzana CA 91356-2917 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Genesis SmithBenton Insurance & Finance Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID: 11408784</b> Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Andrew F. Biernat

Mailing Address 41 Notre Dame Lane

City State Zip Code  
Utica NY 13502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meridian Group Of New Yor-  
k, Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408681

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** Tracy Q Bradford

Mailing Address 866 Ridgeway Loop Road, Suite 200

City State Zip Code  
Memphis TN 38120-4000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clay & Land Insurance, In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408584

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** ELEANOR M BROCKHURST

Mailing Address 1212 East Osborn Road Suite 110

City State Zip Code  
Phoenix AZ 85014-5533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brockhurst & Associates  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408789

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Susan E Cook Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center City Atlanta State GA Zip Code 30305-1773 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kaiser Permanente Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408794 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) ROSEMARY DEININGER Mailing Address 12801 N. Central Expressway Suite City Dallas State TX Zip Code 75243-1741 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Waldman Brothers Occupation Account Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408694 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Stephanie M. Denz Mailing Address 9000 Cypress Green Drive Suite 10 City Jacksonville State FL Zip Code 32256-5508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BenefitPort Southeast Occupation Field Sales Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408593 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SHARON DICORATO

Mailing Address 801 Pine Street Suite 4G1

City State Zip Code  
 Chattanooga TN 37402-2520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross Blue Shield of  
TN

Occupation  
Manager, Individual Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408801

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** GERARD GERSHONOWITZ

Mailing Address 980 Broadway Suite 608

City State Zip Code  
 Thornwood NY 10594-1313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Morrell Consulting Group  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408599

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C.** CAROLYN L GOODWIN

Mailing Address 4959 Mill Run Rd.

City State Zip Code  
 Dalls TX 75244-6004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CBIZ Benefits & Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408700

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)  
STEPHEN A GRIM

Mailing Address P O Box 1105

City State Zip Code  
Virginia Beach VA 23451-0105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-Atlantic Agency Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408702

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)  
CRISTY RUSSELL GUPTO

Mailing Address 357 Sanford Drive

City State Zip Code  
Morganton NC 28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flexible Benefit Manageme-  
nt

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408818

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)  
Christopher S. Harrison

Mailing Address 921-C South McPherson Church Road

City State Zip Code  
Fayetteville NC 28303-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408821

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** THOMAS M HARTE

Full Name (Last, First, Middle Initial)

Mailing Address 20 Mary E. Clark Drive #10

City	State	Zip Code
Hampstead	NH	03841-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Landmark Benefits Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408822

Amount of Each Receipt this Period

80.00

**B.** JON W HICKS

Full Name (Last, First, Middle Initial)

Mailing Address 3620 Mountainside Drive

City	State	Zip Code
Colorado Springs	CO	80918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hicks Benefit GroupOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408829

Amount of Each Receipt this Period

20.00

**C.** Gloria D. Hopper

Full Name (Last, First, Middle Initial)

Mailing Address 6400 Fairview Road

City	State	Zip Code
Charlotte	NC	28210-3237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wachovia Insurance Services Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408708

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Kathleen A. Hughes Mailing Address 13513 Arlington Road City Norwalk State OH Zip Code 44857-9626 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Benefit Solutions Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408832 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) RANDY JOPPIE Mailing Address Collins and Associates 5075 Cascade Road SE City Belding State MI Zip Code 48809 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Collins & Associates Corporation Occupation Director of Employee Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408713 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) MARK KENNEDY Mailing Address 1173 Brittmoore Road City Houston State TX Zip Code 77043-5003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Benefit Concepts Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408619 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
 MIKE KETRON  
 Mailing Address 417 Washington Street

City State Zip Code  
 Columbus IN 47201-6757

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SIHO

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408714

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
 ROSS W KRAFT  
 Mailing Address 41 Notre Dame Lane

City State Zip Code  
 Utica NY 13502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Meridian Group of New Yor-  
 k, Inc.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408621

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)  
 RONALD M LEVINE  
 Mailing Address 4037 Jordan Lake Place

City State Zip Code  
 Marietta GA 33602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ARINSO International

Occupation  
 Vice President of Sales, SE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408849

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CHERYL LOMBARDI

Mailing Address 1331 North California Blvd, Ste 30

City State Zip Code  
Walnut Creek CA 94596-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Claremont Insurance Servi-  
ces

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408623

Amount of Each Receipt this Period

80.00

**B.** Full Name (Last, First, Middle Initial)  
JUAN LOPEZ

Mailing Address 200 N. Lewis Street

City State Zip Code  
Orange CA 92868-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408722

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
MAURICE LYONS

Mailing Address 301 Madison Avenue 4th Floor

City State Zip Code  
New York NY 10017-8103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medical Link Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408624

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

LINDA MACKEY

Mailing Address PO Box 1001

City State Zip Code  
 Tyrone GA 30290-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Linda Mackey Insurance  
Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408723

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

DALE W MALONEY

Mailing Address 125 South Swoope Avenue Suite 210

City State Zip Code  
 Maitland FL 32751-5784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefits Division Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408625

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)

CAROLYNNE MULDOON

Mailing Address 457 Main Street

City State Zip Code  
 Longmont CO 80501-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milestone Insurance Agency

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408727

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

RON J NEZAT

Mailing Address PO Box 91180

City State Zip Code  
 Lafayette LA 70509-1180

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Global Financial Resources  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408730

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)

Kirby V. Nielsen

Mailing Address 7100 N. High St. #209

City State Zip Code  
 Worthington OH 43085-2316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nielsen Insurance Agency  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408912

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)

STEVE PAOLUCCI

Mailing Address 2305 W. Berry Avenue

City State Zip Code  
 Littleton CO 80120-1177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paolucci Financial Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408875

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SUSAN MALEY\_RASH

Mailing Address 2108 West Laburnum Avenue Suite 3

City	State	Zip Code
Richmond	VA	23227-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T Benefit Consultants  
of VirginiaOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408643

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** ALINE ROBERTS

Mailing Address 3537 Old Conejo Rd., Ste. 114

City	State	Zip Code
Newbury Park	CA	91320-6189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance DimensionsOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408883

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C.** WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City	State	Zip Code
Martinsville	IN	46151-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Community Mutual  
InsuranceOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408773

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

155.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

MEL A SCHLESINGER

Mailing Address PO Box 30100

City State Zip Code  
Winston Salem NC 27130-0100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Rainmakers Group Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408886

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)

JAMES D SCHULZ

Mailing Address 7101 S. 82nd St.

City State Zip Code  
Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midlands Financial Benefi-  
ts

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408888

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)

THOMAS SHORES

Mailing Address 8596 W Bolsa Ct.

City State Zip Code  
Boise ID 83709-5196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T.A. Shores Inc.

Occupation  
Business Growth Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408776

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

Bob G Shupe

Mailing Address PO Box 2344

City State Zip Code  
 Brentwood TN 37024-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESP Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408655

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)

ANNE P SPERLING

Mailing Address 25 Antigua Road

City State Zip Code  
 Santa Fe NM 87508-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daniels Insurance Inc.

Occupation  
Employee Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408659

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)

CAROL STEELE

Mailing Address 1000 South Cleveland-Massillon Rd

City State Zip Code  
 Akron OH 44333-9204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Designs Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408751

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Burley W. StraderMailing Address 165 Kimel Park Drive 27103  
P.O. Box 24042City State Zip Code  
Winston Salem NC 27114-4042FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MedCost Benefit Services  
LLCOccupation  
Senior Sales Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408909

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B.** JAMES F. SUMMERS

Mailing Address 15316 Pine

City State Zip Code  
Omaha NE 48144FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Senior Market Sales Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408753

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Donald B. Thompson

Mailing Address 9700 Ormsby Station Rd. # 200

City State Zip Code  
Louisville KY 40223-4207FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Thompson Associates Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

Transaction ID: 11408665

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

DANIEL R TOMPKINS, JR

Mailing Address PO Box 1810

City State Zip Code  
 Roswell GA 30077-1810

FEC ID number of contributing federal political committee.

C

Name of Employer  
Admin AmericaOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408666

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

DANIEL R. TOMPKINS, III

Mailing Address PO Box 1810  
 800 Old Rosewell Lakes Pkwy Suite

City State Zip Code  
 Roswell GA 30077-1810

FEC ID number of contributing federal political committee.

C

Name of Employer  
Admin AmericaOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408667

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

Eric S. Townsend

Mailing Address 1658 Presto Avenue

City State Zip Code  
 Indianapolis IN 46224-5640

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mutual of OmahaOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408757

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ALBERT J TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code  
 Boca Raton FL 33431-7379

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John Hancock

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408668

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B.** WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code  
 Tyler TX 75701-9455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Threlkeld & Company Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408760

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code  
 Timonium MD 21093-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Corporate Coverage LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408670

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

M HUGHES WARREN

Mailing Address P.O. Box 7661

City State Zip Code  
 Wilmington NC 28406-7661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ebenconcepts Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408899

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)

JOHN L WARWICK

Mailing Address PO Box 272  
 1907 B Mangrove Ave.

City State Zip Code  
 Chico CA 95927-0272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John Warwick Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408900

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)

Richard E. Wheeler

Mailing Address 617 Highway 71 Building 2-6

City State Zip Code  
 Brielle NJ 08730-1838

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Richard E. Wheeler Insurance Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408763

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DAVID B WILLS  
Mailing Address 902 Brynwood Dr

City State Zip Code  
Chattanooga TN 37415-3306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D. B. Wills & Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408673

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN L WILSON  
Mailing Address 1151 Red Mile Road

City State Zip Code  
Lexington KY 40504-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Insurance Marketi-  
ng

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408738

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN L WILSON  
Mailing Address 1151 Red Mile Road

City State Zip Code  
Lexington KY 40504-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Insurance Marketi-  
ng

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408766

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

DENNY WRIGHT

Mailing Address 111 East Ludwig Road Suite 108

City

Fort Wayne

State

IN

Zip Code

46825-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408770

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

DENNY WRIGHT

Mailing Address 111 East Ludwig Road Suite 108

City

Fort Wayne

State

IN

Zip Code

46825-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408777

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J Bishop

Mailing Address 2785 East Desert Inn Rd. # 134

City

Las Vegas

State

NV

Zip Code

89121-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIA Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408581

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM J BRANNON  
Mailing Address 7 Terrace Way Suite C

City State Zip Code  
Greensboro NC 27403-3666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Group US Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408585

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
DOROTHY M COCIU  
Mailing Address P.O. Box 1941

City State Zip Code  
Big Bear Lake CA 92315-1941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Benefit Consulting & Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408588

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL A CUTTER  
Mailing Address 624 Griffin Road Suite B

City State Zip Code  
Indianapolis IN 46227-8504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana Dept. of Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408798

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** RUSH DAVID DIXON

Mailing Address 1375 Piccard Drive

City State Zip Code  
 Rockville MD 20850-4311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Early Cassidy and Schilli-  
ng

Occupation  
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408802

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** STEVEN H DODDER

Mailing Address PO Box 2069

City State Zip Code  
 Monument CO 80132-2069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Time Insurance/Assurant  
Health

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408696

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL A EMBRY, SR

Mailing Address 20700 Civic Center Drive Suite 25

City State Zip Code  
 Southfield MI 48076-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Servic-  
es Inc.

Occupation  
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408809

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

CHARLES T GARTLAN

Mailing Address PO Box 1268

City State Zip Code  
Toms River NJ 08754-1268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitPort LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408815

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

RICHARD R GIRDLER, JR

Mailing Address 113 Seaboard Lane Suite C-170

City State Zip Code  
Franklin TN 37067-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cowan Benefit Services  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408600

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

GERALD G HARTMAN

Mailing Address 1487 S. David Lane  
PO Box 5716

City State Zip Code  
Boise ID 83705-0716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Network America  
Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408823

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SHEILA HARTMAN

Mailing Address 21700 Oxnard St. # 1270

City State Zip Code  
 Woodland Hills CA 91367-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Financial Independence Co-  
mpany

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408707

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** HUGH R HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City State Zip Code  
 Tacoma WA 98402-4468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategic Employee Benefit  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408827

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code  
 Burbank CA 91501-1522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jardez Financial & Insura-  
nce Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408608

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Sheri S Hokin Mailing Address 3330 Dundee Road Suite C-3 City Northbrook State IL Zip Code 60062-2328 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hokin Sternberg Insurance Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID: 11408613</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) DAVID S JOHNSON Mailing Address P. O. Box 871129 City Stone Mountain State GA Zip Code 30087-0029 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer David S. Johnson Insurance Occupation Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID: 11408616</b> Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) SANDRA JOHNSON Mailing Address 12500 Network Blvd # 403 City San Antonio State TX Zip Code 78249-3310 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hairston Johnson & Associates PLLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID: 11408835</b> Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT M LAY Mailing Address 3112 Forest Avenue City Fort Worth State TX Zip Code 76112-7002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lay & Williams Insurance Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408718 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK Mailing Address PO Box 38248 3300 Battleground Ave. #200 (2741) City Greensboro State NC Zip Code 27438-8248 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer EbenConcepts Company Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408857 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) LINDA J NEW Mailing Address P. O. Box 28543 City Austin State TX Zip Code 78755-8543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer New Insurance Benefits Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11408868 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JESSE A PATTON

Mailing Address 2175 NW 86th Street Suite 14

City State Zip Code  
 Des Moines IA 50325-5557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associations Marketing Gr-  
oup Inc.

Occupation  
CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408876

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B.** JAMES E PRICE, III

Mailing Address 5709 North West Avenue

City State Zip Code  
 Fresno CA 93711-2366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Price Associates Insurance  
Services I

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408641

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** JON C RAUSER

Mailing Address 400 East Wisconsin Avenue # 200

City State Zip Code  
 Milwaukee WI 53202-4499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Rauser Agency Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408644

Amount of Each Receipt this Period

170.00

**SUBTOTAL** of Receipts This Page (optional) .....

495.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) EDWARD ROLING Mailing Address 343 Six Forks Road City Raleigh State NC Zip Code 27609-7800 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Delta Dental of North Carolina, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 11408651 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	5	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		3	1		2	0	0	5																							
30.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO Mailing Address 15 Kennedy Drive City Budd Lake State NJ Zip Code 07828-1438 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Ruggiero Group LLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 11408744 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	5	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		3	1		2	0	0	5																							
40.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) RAYMER M SALE, JR Mailing Address P. O. Box 424420 1255 Lakes Pkwy Ste 120 Zip 3004 City Lawrenceville State GA Zip Code 30042 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer E2E Benefits Services Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1060.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 11408652 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	5	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		3	1		2	0	0	5																							
100.00																																

SUBTOTAL of Receipts This Page (optional) .....

170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

ROBERT C TRETTER

Mailing Address 13016 Delmar Street

City State Zip Code  
 Leawood KS 66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas McGee L.C.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408758

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
 Lafayette LA 70503-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Physician's Mutual Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408761

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)

GREG A YODER

Mailing Address 1055 Minnesota Avenue

City State Zip Code  
 San Jose CA 95125-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ray Silva Insurance Associates Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408907

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

ROBERT A ZIFF

Mailing Address 17 North Delmorr Avenue

City State Zip Code  
 Morrisville PA 19067-6278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avanti Benefits Corp

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408908

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)

JOHN S HELMS

Mailing Address 2000 N 14th Street

City State Zip Code  
 Arlington VA 22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Helms & Associates

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408826

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

SHARON R ROSS

Mailing Address 2000 N. 14th Street

City State Zip Code  
 Arlington VA 22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Healthcare

Occupation  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408884

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

MARIA KENNEDY

Mailing Address 1149 Court Street NE

City State Zip Code  
 Salem OR 97301-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Oregon Industr-  
ies

Occupation  
Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: 11408839

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)

Lou Ann Racher

Mailing Address P.O. Box 12042

City State Zip Code  
 Columbus OH 43212-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio AHU

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 0 5

Transaction ID: 11142116

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Stephen W Graeber

Mailing Address PO Box 40

City State Zip Code  
 Redlands CA 92373-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davis & Graeber Insurance  
Services In

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 5

Transaction ID: 11409752

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick L McGohan Mailing Address 3931 South Dixie Drive City Dayton State OH Zip Code 45439-2313 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer McGohan/Brabender Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5 <b>Transaction ID: 11147170</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Sue M. Larson Mailing Address 1025 North Dutton Avenue, Suite B City Santa Rosa State CA Zip Code 95401-5072 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Sue Larson Financial Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5 <b>Transaction ID: 11152447</b> Amount of Each Receipt this Period 365.00
<b>C.</b> Full Name (Last, First, Middle Initial) David Stratton Mailing Address 6927 Old Seward Highway Suite 202 City Anchorage State AK Zip Code 99518-2284 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lincoln Financial Advisors Occupation Managing Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5 <b>Transaction ID: 11409751</b> Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1065.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CYNTHIA H. DOUGET

Mailing Address P. O. Box 91180

City State Zip Code  
Lafayette LA 70509-1180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Financial Resources  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 11153736

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
JACKIE L. SPRAGINS

Mailing Address PO Box 2073

City State Zip Code  
Wichita Falls TX 76307-2073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spragins Insurance Agency

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 5

Transaction ID: 11153321

Amount of Each Receipt this Period

22.00

**C.** Full Name (Last, First, Middle Initial)  
Randolph J. Ayers

Mailing Address 4151 Executive Pkwy Suite 210

City State Zip Code  
Westerville OH 43081-3872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National United Brokers  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 5

Transaction ID: 11153821

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

407.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)  
TERRI D ADAMS

Mailing Address PO Box 1290

City State Zip Code  
 Prairieville LA 70769-1290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Strategies

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409604

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

KEERRY D ALDRIDGE

Mailing Address 1501 N. Limestone, Suite 100

City State Zip Code  
 Lexington KY 40505-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CKBS Insurance Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409725

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)

Terry Allard

Mailing Address 3000 A Street Suite 400

City State Zip Code  
 Anchorage AK 99501-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Wilson Agency LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409737

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) RICK BAILEY Mailing Address 4390 Earney Road Suite 240 City State Zip Code Woodstock GA 30188-5687 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Rick Bailey & Company Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: 11408951</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS R BELDING Mailing Address 10917 Old River Trail City State Zip Code Edmond OK 73013-8382 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Professional Reinsurance Marketing Ser Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: 11409724</b> Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) BRUCE D BENTON Mailing Address 19528 Ventura Boulevard # 596 City State Zip Code Tarzana CA 91356-2917 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Genesis SmithBenton Insurance & Finance Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: 11409709</b> Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

SHAWN F BRASHEARS

Mailing Address 110 Old Padonia Road Suite 201

City State Zip Code  
 Cockeysville MD 21030-4949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Compensation Concepts

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409655

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

ELEANOR M BROCKHURST

Mailing Address 1212 East Osborn Road Suite 110

City State Zip Code  
 Phoenix AZ 85014-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brockhurst & Associates  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409741

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

SARAH GUNTER-CANEZ

Mailing Address 7700 Broadway #201  
 19921 FM 2252 (zip is 78266)

City State Zip Code  
 San Antonio TX 78266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EFGI Insurance & Bonds

Occupation  
Principal/Steve Jamison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409575

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Richard P Coburn Mailing Address 19 Minor Court City San Rafael State CA Zip Code 94903-3716 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Word & Brown Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt MM / DD / YYYY 11 / 30 / 2005 <b>Transaction ID:</b> 11409592 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Susan E Cook Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center City Atlanta State GA Zip Code 30305-1773 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kaiser Permanente Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00		Date of Receipt MM / DD / YYYY 11 / 30 / 2005 <b>Transaction ID:</b> 11409620 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas J Daniels Mailing Address 120 Wood Avenue South, Suite 300 City Iselin State NJ Zip Code 08830-2709 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer WellChoice Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt MM / DD / YYYY 11 / 30 / 2005 <b>Transaction ID:</b> 11408986 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A. ROSEMARY DEININGER**

Full Name (Last, First, Middle Initial)

Mailing Address 12801 N. Central Expressway Suite

City	State	Zip Code
Dallas	TX	75243-1741

FEC ID number of contributing federal political committee.

C

Name of Employer  
Waldman BrothersOccupation  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11409578

Amount of Each Receipt this Period

30.00

**B. SHARON DICORATO**

Full Name (Last, First, Middle Initial)

Mailing Address 801 Pine Street Suite 4G1

City	State	Zip Code
Chattanooga	TN	37402-2520

FEC ID number of contributing federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of TNOccupation  
Manager, Individual Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11409672

Amount of Each Receipt this Period

10.00

**C. JOAN L GALLETTA**

Full Name (Last, First, Middle Initial)

Mailing Address 3342 Kori Road

City	State	Zip Code
Jacksonville	FL	32257

FEC ID number of contributing federal political committee.

C

Name of Employer  
JP Perry Insurance, Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11408934

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
GERARD GERSHONOWITZ  
Mailing Address 980 Broadway Suite 608

City State Zip Code  
Thornwood NY 10594-1313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Morrell Consulting Group  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409004

Amount of Each Receipt this Period

75.00

**B.** Full Name (Last, First, Middle Initial)  
CAROLYN L GOODWIN  
Mailing Address 4959 Mill Run Rd.

City State Zip Code  
Dalls TX 75244-6004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CBIZ Benefits & Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409577

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN A GRIM  
Mailing Address P O Box 1105

City State Zip Code  
Virginia Beach VA 23451-0105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mid-Atlantic Agency Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409532

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CYNTHIA GULDY  
Mailing Address 2026 Yonkee Drive

City State Zip Code  
Windsor CO 80550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408994

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
CRISTY RUSSELL GUPTO  
Mailing Address 357 Sanford Drive

City State Zip Code  
Morganton NC 28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flexible Benefit Management

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409721

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
WALTER T HALE  
Mailing Address 211 East Church Street

City State Zip Code  
Morrliton AR 72110-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hawkins Insurance Agency

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408992

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Christopher S. Harrison

Mailing Address 921-C South McPherson Church Road

City State Zip Code  
 Fayetteville NC 28303-5368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ebenconcepts Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409711

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** THOMAS M HARTE

Mailing Address 20 Mary E. Clark Drive #10

City State Zip Code  
 Hampstead NH 03841-2292

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Landmark Benefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409734

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** JON W HICKS

Mailing Address 3620 Mountainside Drive

City State Zip Code  
 Colorado Springs CO 80918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hicks Benefit Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409639

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

MATT B HOLCOMB

Mailing Address Nine Piedmont Center  
3495 Piedmont Road

City Atlanta State GA Zip Code 30305-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408930

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Kathleen A. Hughes

Mailing Address 13513 Arlington Road

City Norwalk State OH Zip Code 44857-9626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Solutions

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409673

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

RANDY JOPPIE

Mailing Address Collins and Associates  
5075 Cascade Road SE

City Belding State MI Zip Code 48809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collins & Associates Corp-  
oration

Occupation  
Director of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409591

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

145.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
 MARK KENNEDY  
 Mailing Address 1173 Brittmoore Road

City State Zip Code  
 Houston TX 77043-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Concepts Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409013

Amount of Each Receipt this Period

80.00

**B.** Full Name (Last, First, Middle Initial)  
 MIKE KETRON  
 Mailing Address 417 Washington Street

City State Zip Code  
 Columbus IN 47201-6757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIHO

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409608

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
 ROSS W KRAFT  
 Mailing Address 41 Notre Dame Lane

City State Zip Code  
 Utica NY 13502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Group of New York, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409009

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Jessica Lagusch Mailing Address 445 Hutchinson Avenue Suite 240 City Columbus State OH Zip Code 43235-8617 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UnumProvident Occupation Account Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409562 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Lance M. Ledbetter Mailing Address 10800 Alpharetta Hwy #208-605 City Roswell State GA Zip Code 30076-1490 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MJL Benefit Communications Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409705 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) RONALD M LEVINE Mailing Address 4037 Jordan Lake Place City Marietta State GA Zip Code 33602 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ARINSO International Occupation Vice President of Sales, SE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409657 Amount of Each Receipt this Period 30.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CHERYL LOMBARDI

Mailing Address 1331 North California Blvd, Ste 30

City State Zip Code  
Walnut Creek CA 94596-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Claremont Insurance Servi-  
ces

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408942

Amount of Each Receipt this Period

80.00

**B.** Full Name (Last, First, Middle Initial)  
JUAN LOPEZ

Mailing Address 200 N. Lewis Street

City State Zip Code  
Orange CA 92868-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409556

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN TULLIS LUVISI

Mailing Address 1665 San Marco Boulevard

City State Zip Code  
Jacksonville FL 32207-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James F. Tullis & Associa-  
tes, Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409727

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A. MAURICE LYONS**

Full Name (Last, First, Middle Initial)

Mailing Address 301 Madison Avenue 4th Floor

City	State	Zip Code
New York	NY	10017-8103

FEC ID number of contributing federal political committee.

C

Name of Employer  
The Medical Link Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11408939

Amount of Each Receipt this Period

80.00

**B. LINDA MACKEY**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1001

City	State	Zip Code
Tyrone	GA	30290-1001

FEC ID number of contributing federal political committee.

C

Name of Employer  
Linda Mackey Insurance Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11409597

Amount of Each Receipt this Period

10.00

**C. DALE W MALONEY**

Full Name (Last, First, Middle Initial)

Mailing Address 125 South Swoope Avenue Suite 210

City	State	Zip Code
Maitland	FL	32751-5784

FEC ID number of contributing federal political committee.

C

Name of Employer  
Benefits Division Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11408923

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) KENNY MASON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 1224 South River Road, Suite A-203		<b>Transaction ID:</b> 11409733
City State Zip Code Saint George UT 84790-8318	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Utah Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DONNA MCCRIGHT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 4851 LBJ Freeway Ste 1100		<b>Transaction ID:</b> 11409682
City State Zip Code Dallas TX 75244-6004	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer BenefitMall	Occupation Sales Administration Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b> Full Name (Last, First, Middle Initial) RYAN R MCDERMOTT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 883 West Baxter Drive		<b>Transaction ID:</b> 11409558
City State Zip Code South Jordan UT 84095-8506	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer McDermott Company & Associates	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) REINE MORRIS Mailing Address P. O. Box 1271 City Portland State OR Zip Code 97207-1271 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Regence BlueCross BlueShield Occupation Account Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409539 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) CAROLYNNE MULDOON Mailing Address 457 Main Street City Longmont State CO Zip Code 80501-5534 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Milestone Insurance Agency Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409584 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) RON J NEZAT Mailing Address PO Box 91180 City Lafayette State LA Zip Code 70509-1180 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Global Financial Resources Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409574 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

NICHOLAS A OGDEN

Mailing Address PO Box 3725

City State Zip Code  
 Wilmington NC 28409-8134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David Hill and Associates,  
INC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409555

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)

STEVE PAOLUCCI

Mailing Address 2305 W. Berry Avenue

City State Zip Code  
 Littleton CO 80120-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paolucci Financial Serv-  
ices

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409675

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

ROBERT P POLI

Mailing Address 6101 Executive Boulevard Suite 12

City State Zip Code  
 Rockville MD 20852-3907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Marketing Center  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408998

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SUSAN MALEY\_RASH

Mailing Address 2108 West Laburnum Avenue Suite 3

City State Zip Code  
 Richmond VA 23227-4300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BB&T Benefit Consultants  
of Virginia

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409001

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** MARK C RILEY

Mailing Address PO Box 1635

City State Zip Code  
 Irmo SC 29063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Benefit Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408935

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** ALINE ROBERTS

Mailing Address 3537 Old Conejo Rd., Ste. 114

City State Zip Code  
 Newbury Park CA 91320-6189

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Insurance Dimensions

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409646

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
 WILLIAM D ROBINSON  
 Mailing Address 739 East Jackson Street

City State Zip Code  
 Martinsville IN 46151-2033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 American Community Mutual  
 Insurance

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409019

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
 MEL A SCHLESINGER  
 Mailing Address PO Box 30100

City State Zip Code  
 Winston Salem NC 27130-0100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 The Rainmakers Group Inc.

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409684

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)  
 JAMES D SCHULZ  
 Mailing Address 7101 S. 82nd St.

City State Zip Code  
 Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Midlands Financial Benefi-  
 ts

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409706

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** THOMAS SHORES

Mailing Address 8596 W Bolsa Ct.

City	State	Zip Code
Boise	ID	83709-5196

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
T.A. Shores Inc.Occupation  
Business Growth Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11409022

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Bob G Shupe

Mailing Address PO Box 2344

City	State	Zip Code
Brentwood	TN	37024-2344

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ESP IncOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11408968

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** DEWAYNE SIMPSON

Mailing Address 11503 Rocky Valley Dr

City	State	Zip Code
Little Rock	AR	72212-3035

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFLACOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	5

Transaction ID: 11408972

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ANNE P SPERLING

Mailing Address 25 Antigua Road

City State Zip Code  
 Santa Fe NM 87508-2201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Daniels Insurance Inc.

Occupation  
Employee Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408932

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B.** CAROL STEELE

Mailing Address 1000 South Cleveland-Massillon Rd

City State Zip Code  
 Akron OH 44333-9204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Designs Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409583

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** JULIA M STEVERSON

Mailing Address PO Box 2008

City State Zip Code  
 Fallon NV 89407-2008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Western Nevada Insurance  
Services, Inc

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408940

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Paul D. Taylor		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 5007 Carriage Drive Suite G-1		
City	State	Zip Code
Roanoke	VA	24018-1937
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 11409540
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00
Name of Employer Taylor Insurance		Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		220.00

<b>B.</b> Full Name (Last, First, Middle Initial) Donald B. Thompson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 9700 Ormsby Station Rd. # 200		
City	State	Zip Code
Louisville	KY	40223-4207
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 11408962
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		150.00
Name of Employer Thompson Associates Inc.		Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		1650.00

<b>C.</b> Full Name (Last, First, Middle Initial) DANIEL R TOMPKINS, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address PO Box 1810		
City	State	Zip Code
Roswell	GA	30077-1810
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 11408978
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer Admin America		Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		330.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Eric S. Townsend Mailing Address 1658 Presto Avenue City Indianapolis State IN Zip Code 46224-5640 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mutual of Omaha Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409557 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS Mailing Address 2255 Glades Road, Suite 420A City Boca Raton State FL Zip Code 33431-7379 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer John Hancock Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11408938 Amount of Each Receipt this Period 45.00
<b>C.</b> Full Name (Last, First, Middle Initial) WENDY VANDERWATER Mailing Address 515 West Southwest Loop 323 City Tyler State TX Zip Code 75701-9455 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Threlkeld & Company Insurance Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409536 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) PETER VINTON Mailing Address 9480 Deereco Road City State Zip Code Timonium MD 21093-2102 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Corporate Coverage LLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409000 Amount of Each Receipt this Period 80.00
<b>B.</b> Full Name (Last, First, Middle Initial) M HUGHES WARREN Mailing Address P.O. Box 7661 City State Zip Code Wilmington NC 28406-7661 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ebenconcepts Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409726 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN L WARWICK Mailing Address PO Box 272 1907 B Mangrove Ave. City State Zip Code Chico CA 95927-0272 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer John Warwick Insurance Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409616 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Amy R. Webb

Mailing Address 7 E. Main Street  
Suite 200

City State Zip Code  
Moorestown NJ 08057-3831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saratoga Benefit Services  
LLC.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408965

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** DAVID B WILLS

Mailing Address 902 Brynwood Dr

City State Zip Code  
Chattanooga TN 37415-3306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D. B. Wills & Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408985

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** STEVEN L WILSON

Mailing Address 1151 Red Mile Road

City State Zip Code  
Lexington KY 40504-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Insurance Marketi-  
ng

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409598

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
STEVEN L WILSON  
Mailing Address 1151 Red Mile Road

City State Zip Code  
Lexington KY 40504-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Insurance Market-  
ing

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409599

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN J WOOLSTON  
Mailing Address 525 East 100 South Suite 200

City State Zip Code  
Salt Lake City UT 84102-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GBS Benefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408973

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
DENNY WRIGHT  
Mailing Address 111 East Ludwig Road Suite 108

City State Zip Code  
Fort Wayne IN 46825-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409023

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

DENNY WRIGHT

Mailing Address 111 East Ludwig Road Suite 108

City

Fort Wayne

State

IN

Zip Code

46825-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409543

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Robert J Bishop

Mailing Address 2785 East Desert Inn Rd. # 134

City

Las Vegas

State

NV

Zip Code

89121-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIA Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408983

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM J BRANNON

Mailing Address 7 Terrace Way Suite C

City

Greensboro

State

NC

Zip Code

27403-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group US Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408943

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

189.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

DOROTHY M COCIU

Mailing Address P.O. Box 1941

City State Zip Code  
 Big Bear Lake CA 92315-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Benefit Consulting & Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408953

Amount of Each Receipt this Period

80.00

**B.** Full Name (Last, First, Middle Initial)

CAROL A CUTTER

Mailing Address 624 Griffin Road Suite B

City State Zip Code  
 Indianapolis IN 46227-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Dept. of Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409623

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)

RUSH DAVID DIXON

Mailing Address 1375 Piccard Drive

City State Zip Code  
 Rockville MD 20850-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Early Cassidy and Schilling

Occupation  
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409693

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

STEVEN H DODDER

Mailing Address PO Box 2069

City State Zip Code  
 Monument CO 80132-2069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Time Insurance/Assurant  
Health

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409571

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

MICHAEL A EMBRY, SR

Mailing Address 20700 Civic Center Drive Suite 25

City State Zip Code  
 Southfield MI 48076-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Servic-  
es Inc.

Occupation  
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409676

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)

Wesley Foster

Mailing Address 411 Copper Circle

City State Zip Code  
 Argyle TX 76226-7333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BenefitMall

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409707

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

CHARLES T GARTLAN

Mailing Address PO Box 1268

City	State	Zip Code
Toms River	NJ	08754-1268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitPort LLCOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	5	

Transaction ID: 11409668

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)

RICHARD R GIRDLER, JR

Mailing Address 113 Seaboard Lane Suite C-170

City	State	Zip Code
Franklin	TN	37067-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cowan Benefit Services  
Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	5	

Transaction ID: 11408924

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

GERALD G HARTMAN

Mailing Address 1487 S. David Lane  
PO Box 5716

City	State	Zip Code
Boise	ID	83705-0716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Network America  
IncOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	5	

Transaction ID: 11409653

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SHEILA HARTMAN

Mailing Address 21700 Oxnard St. # 1270

City State Zip Code  
 Woodland Hills CA 91367-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Financial Independence Co-  
mpany

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409581

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** HUGH R HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City State Zip Code  
 Tacoma WA 98402-4468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategic Employee Benefit  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409717

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** W. RICHARD HERD

Mailing Address 883 West Baxter Drive

City State Zip Code  
 South Jordan UT 84095-8506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McDermott Company & Asso-  
ciates Inc.

Occupation  
Employee Benefits & Pensions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409671

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code  
 Burbank CA 91501-1522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jardez Financial & Insurance Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409006

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** Sheri S Hokin

Mailing Address 3330 Dundee Road Suite C-3

City State Zip Code  
 Northbrook IL 60062-2328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hokin Sternberg Insurance Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408941

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** DAVID S JOHNSON

Mailing Address P. O. Box 871129

City State Zip Code  
 Stone Mountain GA 30087-0029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
David S. Johnson Insurance

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409005

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SANDRA JOHNSON

Mailing Address 12500 Network Blvd # 403

City

San Antonio

State

TX

Zip Code

78249-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hairston Johnson & Assoc-  
iates PLLC

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409659

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** ROY W KERN

Mailing Address 1722 S Glenstone Ave Ste II  
P.O. Box 10906 GS

City

Springfield

State

MO

Zip Code

65804-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roy W Kern & Associates

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409674

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** ROBERT M LAY

Mailing Address 3112 Forest Avenue

City

Fort Worth

State

TX

Zip Code

76112-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lay & Williams Insurance  
Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409553

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK Mailing Address PO Box 38248 3300 Battleground Ave. #200 (2741 City Greensboro State NC Zip Code 27438-8248 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer EbenConcepts Company Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409710 Amount of Each Receipt this Period 85.00
<b>B.</b> Full Name (Last, First, Middle Initial) LESLIE E MCGERR Mailing Address 6125 Havelock Avenue City Lincoln State NE Zip Code 68507-1234 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Les McGerr & Company Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409731 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) PATRICIA MILLER Mailing Address PO Box 8357 City Tyler State TX Zip Code 75711-8357 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hibbs-Hallmark & Company Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 11409735 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) LINDA J NEW Mailing Address P. O. Box 28543 City Austin State TX Zip Code 78755-8543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer New Insurance Benefits Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: 11409688</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Peggy Olson Mailing Address P O Box 14725 City Portland State OR Zip Code 97293-0725 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Healthwise Insurance Plan-ning Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: 11409619</b> Amount of Each Receipt this Period 15.00
<b>C.</b> Full Name (Last, First, Middle Initial) JESSE A PATTON Mailing Address 2175 NW 86th Street Suite 14 City Des Moines State IA Zip Code 50325-5557 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Associations Marketing Group Inc. Occupation CEO/President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2475.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: 11409719</b> Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** WILLIAM H PENNINGTON

Mailing Address 4640 Woodbridge Drive

City State Zip Code  
 Kernersville NC 27284-8850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennington Associates Inc.

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409644

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** JAMES E PRICE, III

Mailing Address 5709 North West Avenue

City State Zip Code  
 Fresno CA 93711-2366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Price Associates Insurance  
Services I

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408980

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** JON C RAUSER

Mailing Address 400 East Wisconsin Avenue # 200

City State Zip Code  
 Milwaukee WI 53202-4499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Rauser Agency Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408991

Amount of Each Receipt this Period

170.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
EDWARD ROLING  
Mailing Address 343 Six Forks Road

City State Zip Code  
Raleigh NC 27609-7800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Delta Dental of North Carolina Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408970

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
FRANCIS A RUGGIERO  
Mailing Address 15 Kennedy Drive

City State Zip Code  
Budd Lake NJ 07828-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Ruggiero Group LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409595

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
RAYMER M SALE, JR  
Mailing Address P. O. Box 424420  
1255 Lakes Pkwy Ste 120 Zip 3004

City State Zip Code  
Lawrenceville GA 30042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E2E Benefits Services Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11408961

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JON SIVERS

Mailing Address 10731 Treena St. # 109

City State Zip Code  
 San Diego CA 92131-1040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BenefitPro Insurance Serv-  
ices Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409650

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT C TRETTER

Mailing Address 13016 Delmar Street

City State Zip Code  
 Leawood KS 66209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thomas McGee L.C.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409538

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
 Lafayette LA 70503-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Physician's Mutual Insura-  
nce

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409585

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
GREG A YODER  
Mailing Address 1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ray Silva Insurance Assoc-  
iates Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409645

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT A ZIFF  
Mailing Address 17 North Delmorr Avenue

City State Zip Code  
Morrisville PA 19067-6278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avanti Benefits Corp

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409736

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN S HELMS  
Mailing Address 2000 N 14th Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Helms & Associates

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409746

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SHARON R ROSS

Mailing Address 2000 N. 14th Street

City State Zip Code  
 Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Healthcare

Occupation  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409685

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MARIA KENNEDY

Mailing Address 1149 Court Street NE

City State Zip Code  
 Salem OR 97301-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Oregon Industr-  
ies

Occupation  
Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: 11409700

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C.** SUZY E. ALBERTS

Mailing Address 22101 Michigan Avenue

City State Zip Code  
 Dearborn MI 48124-2204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Servic-  
es

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168389

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** STEPHEN D. ANDERSEN

Mailing Address 7101 S. 82nd St.

City State Zip Code  
 Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midlands Financial Benefi-  
ts

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168393

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** WILLIAM Chester ANDERSON

Mailing Address 498 Palm Springs Drive Suite 210

City State Zip Code  
 Altamonte Springs FL 32701-7805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Port

Occupation  
Marketing Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168397

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** KATHRYN Kathryn ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code  
 Tyler TX 75711-7648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategies In Employee Be-  
nefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168395

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Tracy Q Bradford

Mailing Address 866 Ridgeway Loop Road, Suite 200

City State Zip Code  
 Memphis TN 38120-4000

FEC ID number of contributing federal political committee.

C

Name of Employer  
Clay & Land Insurance, In-  
c.Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168414

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. RONALD S. BUFFUM

Mailing Address 1000 Heritage Center Circle

City State Zip Code  
 Round Rock TX 78664-4463

FEC ID number of contributing federal political committee.

C

Name of Employer  
The Buffum GroupOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168417

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY BYRNE

Mailing Address 3113 West Beltline Highway

City State Zip Code  
 Madison WI 53713-2830

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mortenson Matzelle & Mel-  
drumOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168419

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

SHARON DICORATO

Mailing Address 801 Pine Street Suite 4G1

City

Chattanooga

State

TN

Zip Code

37402-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
TN

Occupation

Manager, Individual Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	5

Transaction ID: 12168441

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA H. DOUCET

Mailing Address P. O. Box 91180

City

Lafayette

State

LA

Zip Code

70509-1180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Financial Resources  
Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	5

Transaction ID: 12168444

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

LINDA K. FRIEDRICH

Mailing Address PO Box 30275

City

Lincoln

State

NE

Zip Code

68503-0275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICO Financial Services  
Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	5

Transaction ID: 12168458

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
PATRICE GOLDFARB  
Mailing Address 442 Teaneck Rd.

City State Zip Code  
Ridgefield Park NJ 07660-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Employee Benefits Adv-  
isors GroupOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	5

Transaction ID: 12168463

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL D. GRAY  
Mailing Address 233 South 13th Street  
Suite 1500

City State Zip Code  
Lincoln NE 68508-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Harry A. Koch CompanyOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	5

Transaction ID: 12168467

Amount of Each Receipt this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
LISA WETHERTON  
Mailing Address 376 Overlook Point Drive

City State Zip Code  
Dahlonega GA 30533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit DesignsOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	5

Transaction ID: 12168477

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) DONNA D. HILL Mailing Address PO Box 724 City State Zip Code Snellville GA 30078-0724 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer DDH Associates LLC Occupation Health Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID:</b> 12168483 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) MARYLOU Lou HUDMAN Mailing Address 5330 Bent Tree Forest Drive Suite City State Zip Code Dallas TX 75248-3471 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer A Benefit Source Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.14		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID:</b> 12168491 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) SUZANNE K. JOHNSON Mailing Address 6235 Morrison Boulevard Suite 302 City State Zip Code Charlotte NC 28211-3508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Strategic Employee Benefit Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID:</b> 12168499 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** THELMA KACZMAREK

Mailing Address PO Box 345  
P O Box 345

City State Zip Code  
Ravenna OH 44266-1684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kaczmarek Ins. Services  
Agency Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168504

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** BRIAN W. LIECHTY

Mailing Address 120 East Washington Street

City State Zip Code  
Plymouth IN 46563-1744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KL Benefits

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168511

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** CLARK K. LOEWE

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code  
Houston TX 77092-4927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwest General Insuran-  
ce

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168513

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

CAROL MATZNICK

Mailing Address PO Box 38905

City Greensboro State NC Zip Code 27438-8905

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
North Carolina AHU

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168523

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)

DAVID R. MOORE

Mailing Address PO Box 1006

City Burlington State NC Zip Code 27216-1006

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
David R. Moore CLU & Associates

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168528

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)

WESLEY P. MOORE, III

Mailing Address P O Box 604

City Darlington State SC Zip Code 29540-0604

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
W P Moore Agency

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168529

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JOSHUA D. NACE

Mailing Address 936 North 34th Street Suite 208

City State Zip Code  
 Seattle WA 98103-8869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dental Health Services  
Inc.

Occupation  
Vice President Sales & Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168532

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B.** MICHAEL A. NORRIS

Mailing Address PO Box 999  
 295 E Palmer Street

City State Zip Code  
 Franklin NC 28744-0999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wayah Insurance Agency

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168540

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** JOHN C. PARKER

Mailing Address 47 Laurel Hill Drive

City State Zip Code  
 Niantic CT 06357-1536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parker Agency

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168544

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JOSEPH K. ROBERTS

Mailing Address 7101 South 82nd Street

City State Zip Code  
 Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midlands Financial Benefi-  
ts

Occupation  
Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168563

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** DANIEL R. TOMPKINS, III

Mailing Address PO Box 1810  
 800 Old Rosewell Lakes Pkwy Suite

City State Zip Code  
 Roswell GA 30077-1810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Admin America

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168595

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** MARILYN A. VAN SANT

Mailing Address 271 Route 46 West Suite G206

City State Zip Code  
 Fairfield NJ 07004-2475

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stratford Financial Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168599

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CHARLES G. WAGNER

Mailing Address PO Box 9

City State Zip Code  
Burwell NE 68823-0009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Town and Country Insurance  
Agency Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168601

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
BARBARA Kay WONG

Mailing Address 1311 L Street

City State Zip Code  
Anchorage AK 99501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Management Benefi-  
ts Corp.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168615

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH ASHMORE

Mailing Address 7606 University Avenue Suite B

City State Zip Code  
Lubbock TX 79423-2128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ashmore Agency Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168398

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ANN C. BELL

Mailing Address 1661 Shoreline Drive Suite 100

City	State	Zip Code
Boise	ID	83702-6746

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Higgins & Rutledge Insura-  
nce Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	5

Transaction ID: 12168403

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B.** DAVID A BERMAN

Mailing Address 6510 N. Shadeland Avenue

City	State	Zip Code
Indianapolis	IN	46220

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Neace Lukens Holding Comp-  
any Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	5

Transaction ID: 12168404

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C.** B CALVIN

Mailing Address PO Box 101422

City	State	Zip Code
Anchorage	AK	99510-1422

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Calco Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	5

Transaction ID: 12168421

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

Russ B. Childers

Mailing Address PO Box 1547

City State Zip Code  
 Americus GA 31709-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Russ Childers CLU

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168429

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

EUGENE D. EBERSOLE

Mailing Address 405 Gretna Blvd, Suite 103A

City State Zip Code  
 Gretna LA 70053-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebersole & Associates Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168448

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)

THOMAS M EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code  
 Omaha NE 68164-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross Blue Shield of  
Nebraska

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168453

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID L. FEAR Mailing Address 11160 Sun Center Drive Suite A City Rancho Cordova State CA Zip Code 95670-6121 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID: 12168455</b> Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distribution Division Occupation Director of Strategic Distribution Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		
<b>B.</b> Full Name (Last, First, Middle Initial) BRUCE L. GARDNER Mailing Address 1502 West Avenue City Austin State TX Zip Code 78701-1561 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID: 12168460</b> Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments Occupation Registered Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		
<b>C.</b> Full Name (Last, First, Middle Initial) TIMOTHY HENDRICKS Mailing Address 1605 S Eucalyptus Ave City Broken Arrow State OK Zip Code 74012-5906 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID: 12168478</b> Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
HUGH R HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City State Zip Code  
Tacoma WA 98402-4468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Employee Benefit  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168479

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD L HILL

Mailing Address 4435 O Street  
P.O. Box 30275

City State Zip Code  
Lincoln NE 68510-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICO Financial Services  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168484

Amount of Each Receipt this Period

60.00

**C.** Full Name (Last, First, Middle Initial)  
LAWRENCE KACZMAREK

Mailing Address 6711 Berry Rd

City State Zip Code  
Ravenna OH 44266-1684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaczmarek Insurance Servi-  
ces Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168503

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

MICHAEL KIELIAN

Mailing Address PO Box 45279

City State Zip Code  
 Omaha NE 68145-0279

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Harry A. Koch Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168507

Amount of Each Receipt this Period

80.00

**B.** Full Name (Last, First, Middle Initial)

MARY B. KRAMER

Mailing Address 2637 South 158th Plaza Suite 200

City State Zip Code  
 Omaha NE 68130-1769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Holmes Murphy and Associates Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168508

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)

SHARON L MCDERMOTT

Mailing Address 21425 Chancellor Road

City State Zip Code  
 Elkhorn NE 68022-4677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Diversified Benefits Group Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168524

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) GLEN E RIENSCHÉ Mailing Address 415 5th Street P. O. Box 664 City State Zip Code Fairbury NE 68352-2501 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID: 12168558</b> Amount of Each Receipt this Period 30.00
Name of Employer Advanced Insurance Services Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH E WHEATCROFT Mailing Address 124 West Castellano Drive Suite 2 City State Zip Code El Paso TX 79912-6139 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID: 12168560</b> Amount of Each Receipt this Period 20.00
Name of Employer Goodman Financial Group Occupation VP - Employee Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00		
<b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH E WHEATCROFT Mailing Address 124 West Castellano Drive Suite 2 City State Zip Code El Paso TX 79912-6139 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 <b>Transaction ID: 12168605</b> Amount of Each Receipt this Period 10.00
Name of Employer Goodman Financial Group Occupation VP - Employee Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** WILLIAM T. ROBINSON

Mailing Address Mail: 100 S. Sunrise Way PMB 364  
Office: 1276 No Palm Canyon Dr #2

City State Zip Code  
Palm Springs CA 92262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Palm Canyon Insurance Age-  
ncy

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168567

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** EUGENE L. ROWE

Mailing Address 16000 Ventura Blvd Suite 1103

City State Zip Code  
Encino CA 91436-2767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R & R Insurance and Retir-  
ement Service

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168568

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** STEPHEN J. SALAMON

Mailing Address PO Box 4252

City State Zip Code  
Timonium MD 21094-4252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heritage Financial Consul-  
tants LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168571

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 132 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
ROGER W SKINNER

Mailing Address 6612 East 75th Street Suite 200

City State Zip Code  
Indianapolis IN 46250-2876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GroupLink Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168579

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
JACKIE L. SPRAGINS

Mailing Address PO Box 2073

City State Zip Code  
Wichita Falls TX 76307-2073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spragins Insurance Agency

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168586

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
LOUANNE TREBING

Mailing Address 1806 Patton Drive

City State Zip Code  
Garland TX 75042-8205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trebing Insurance Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168598

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
C.L. L WESTMORELAND

Mailing Address PO Box 925

City State Zip Code  
Jackson MS 39205-0925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Public Life Insu-  
rance Company

Occupation  
Director of Agency Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168604

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)  
CATHERINE FICARA

Mailing Address 26999 Central Park Blvd.

City State Zip Code  
Southfield MI 48076-4174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Financial Group LL-  
C/United

Occupation  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168456

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
MARIA KENNEDY

Mailing Address 1149 Court Street NE

City State Zip Code  
Salem OR 97301-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Oregon Industr-  
ies

Occupation  
Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168506

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
JANT TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAHU

Occupation  
Executive VP, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 12168597

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID S. CLULEY

Mailing Address 2050 S Linden Rd

City State Zip Code  
Flint MI 48532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PPOM

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 5

Transaction ID: 12165702

Amount of Each Receipt this Period

75.00

**C.** Full Name (Last, First, Middle Initial)  
RAY M. MUSSEY

Mailing Address 404 N Second Ave., Suite B

City State Zip Code  
Upland CA 91786-4701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ray M. Mussey & Associates  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11445713

Amount of Each Receipt this Period

540.00

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Fern A. Musser		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 404 North Second Avenue Suite B		<b>Transaction ID:</b> 11445712	
City State Zip Code Upland CA 91786-4701		Amount of Each Receipt this Period 540.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ray Musser & Associates Insurance Serv		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	
<b>B.</b> Full Name (Last, First, Middle Initial) TERESA DEBRUIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 5880 Live Oak Parkway Suite 230		<b>Transaction ID:</b> 12058363	
City State Zip Code Norcross GA 30092-2188		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer DeBruin Benefit Services Inc./ AA LaR		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	
<b>C.</b> Full Name (Last, First, Middle Initial) TERRI D ADAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address PO Box 1290		<b>Transaction ID:</b> 12207451	
City State Zip Code Prairieville LA 70769-1290		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Strategies		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
KEERRY D ALDRIDGE

Mailing Address 1501 N. Limestone, Suite 100

City State Zip Code  
Lexington KY 40505-3200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CKBS Insurance Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207583

Amount of Each Receipt this Period

80.00

**B.** Full Name (Last, First, Middle Initial)  
Terry Allard

Mailing Address 3000 A Street Suite 400

City State Zip Code  
Anchorage AK 99501-5148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Wilson Agency LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207664

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
RICK BAILEY

Mailing Address 4390 Earney Road Suite 240

City State Zip Code  
Woodstock GA 30188-5687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rick Bailey & Company In-  
c.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207414

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** THOMAS R BELDING

Mailing Address 10917 Old River Trail

City State Zip Code  
 Edmond OK 73013-8382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Professional Reinsurance  
Marketing Ser

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207584

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** BRUCE D BENTON

Mailing Address 19528 Ventura Boulevard # 596

City State Zip Code  
 Tarzana CA 91356-2917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Genesis SmithBenton Insur-  
ance & Financ

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207585

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** DONALD J BOOTH

Mailing Address 8711 Plantation Lane, Suite 301

City State Zip Code  
 Manassas VA 20110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Group Benefits

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207586

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A. SHAWN F BRASHEARS**

Full Name (Last, First, Middle Initial)

Mailing Address 110 Old Padonia Road Suite 201

City	State	Zip Code
Cockeysville	MD	21030-4949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Compensation ConceptsOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	5

Transaction ID: 12207588

Amount of Each Receipt this Period

20.00

**B. ELEANOR M BROCKHURST**

Full Name (Last, First, Middle Initial)

Mailing Address 1212 East Osborn Road Suite 110

City	State	Zip Code
Phoenix	AZ	85014-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brockhurst & Associates  
Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	5

Transaction ID: 12207589

Amount of Each Receipt this Period

20.00

**C. SARAH GUNTER-CANEZ**

Full Name (Last, First, Middle Initial)

Mailing Address 7700 Broadway #201  
19921 FM 2252 (zip is 78266)

City	State	Zip Code
San Antonio	TX	78266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EFGI Insurance & BondsOccupation  
Principal/Steve Jamison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	5

Transaction ID: 12207457

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DAVID S. CLULEY  
Mailing Address 2050 S Linden Rd

City State Zip Code  
Flint MI 48532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PPOM

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207443

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
Richard P Coburn  
Mailing Address 19 Minor Court

City State Zip Code  
San Rafael CA 94903-3716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Word & Brown

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207460

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Susan E Cook  
Mailing Address 3495 Piedmont Road, NE  
9 Piedmont Center

City State Zip Code  
Atlanta GA 30305-1773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kaiser Permanente

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207532

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Thomas J Daniels

Mailing Address 120 Wood Avenue South, Suite 300

City State Zip Code  
 Iselin NJ 08830-2709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WellChoice

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207355

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway Suite

City State Zip Code  
 Dallas TX 75243-1741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Waldman Brothers

Occupation  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207512

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** SHARON DICORATO

Mailing Address 801 Pine Street Suite 4G1

City State Zip Code  
 Chattanooga TN 37402-2520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross Blue Shield of  
TN

Occupation  
Manager, Individual Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207656

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
RICHARD DUFFIELD

Mailing Address 320 W Lake Lansing Rd Ste 2

City State Zip Code  
East Lansing MI 48823-8572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brogan Reed VanGorder  
& Associates

Occupation  
Resident Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207560

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
JOAN L GALLETTA

Mailing Address 3342 Kori Road

City State Zip Code  
Jacksonville FL 32257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP Perry Insurance, Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207358

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
GERARD GERSHONOWITZ

Mailing Address 980 Broadway Suite 608

City State Zip Code  
Thornwood NY 10594-1313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Morrell Consulting Group  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207433

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

Mary S. Go

Mailing Address 73261 Highway 111, Suite 6

City State Zip Code  
Palm Desert CA 92260-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regency Insurance & Finan-  
cial Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207424

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

CAROLYN L GOODWIN

Mailing Address 4959 Mill Run Rd.

City State Zip Code  
Dalls TX 75244-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBIZ Benefits & Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207463

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

STEPHEN A GRIM

Mailing Address P O Box 1105

City State Zip Code  
Virginia Beach VA 23451-0105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-Atlantic Agency Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207465

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CYNTHIA GULDY  
Mailing Address 2026 Yonkee Drive

City State Zip Code  
Windsor CO 80550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Life Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207437

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
CRISTY RUSSELL GUPTO  
Mailing Address 357 Sanford Drive

City State Zip Code  
Morganton NC 28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flexible Benefit Manageme-  
nt

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207599

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
WALTER T HALE  
Mailing Address 211 East Church Street

City State Zip Code  
Morrliton AR 72110-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hawkins Insurance Agency

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207361

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Christopher S. Harrison

Mailing Address 921-C South McPherson Church Road

City State Zip Code  
 Fayetteville NC 28303-5368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ebenconcepts Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207671

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** THOMAS M HARTE

Mailing Address 20 Mary E. Clark Drive #10

City State Zip Code  
 Hampstead NH 03841-2292

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Landmark Benefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207601

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** JON W HICKS

Mailing Address 3620 Mountainside Drive

City State Zip Code  
 Colorado Springs CO 80918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hicks Benefit Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207539

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

MATT B HOLCOMB

Mailing Address Nine Piedmont Center  
3495 Piedmont Road

City Atlanta State GA Zip Code 30305-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207369

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

RANDY JOPPIE

Mailing Address Collins and Associates  
5075 Cascade Road SE

City Belding State MI Zip Code 48809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collins & Associates Corp-  
oration

Occupation  
Director of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207524

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

MARK KENNEDY

Mailing Address 1173 Brittmoore Road

City Houston State TX Zip Code 77043-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Concepts Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207439

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MIKE KETRON Mailing Address 417 Washington Street City Columbus State IN Zip Code 47201-6757 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SIHO Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207527</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) ROSS W KRAFT Mailing Address 41 Notre Dame Lane City Utica State NY Zip Code 13502 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Meridian Group of New York, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207373</b> Amount of Each Receipt this Period 80.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jessica Lagusch Mailing Address 445 Hutchinson Avenue Suite 240 City Columbus State OH Zip Code 43235-8617 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UnumProvident Occupation Account Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207491</b> Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Lance M. Ledbetter Mailing Address 10800 Alpharetta Hwy #208-605 City Roswell State GA Zip Code 30076-1490 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MJL Benefit Communications Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207614</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) RONALD M LEVINE Mailing Address 4037 Jordan Lake Place City Marietta State GA Zip Code 33602 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ARINSO International Occupation Vice President of Sales, SE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207616</b> Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) CHERYL LOMBARDI Mailing Address 1331 North California Blvd, Ste 30 City Walnut Creek State CA Zip Code 94596-4536 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Claremont Insurance Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 980.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207413</b> Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

JUAN LOPEZ

Mailing Address 200 N. Lewis Street

City

Orange

State

CA

Zip Code

92868-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207581

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

SUSAN TULLIS LUVISI

Mailing Address 1665 San Marco Boulevard

City

Jacksonville

State

FL

Zip Code

32207-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James F. Tullis & Associa-  
tes, Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207618

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MAURICE LYONS

Mailing Address 301 Madison Avenue 4th Floor

City

New York

State

NY

Zip Code

10017-8103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medical Link Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207412

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

LINDA MACKEY

Mailing Address PO Box 1001

City State Zip Code  
 Tyrone GA 30290-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Linda Mackey Insurance  
Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207517

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

DALE W MALONEY

Mailing Address 125 South Swoope Avenue Suite 210

City State Zip Code  
 Maitland FL 32751-5784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefits Division Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207375

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)

DONNA MCCRIGHT

Mailing Address 4851 LBJ Freeway Ste 1100

City State Zip Code  
 Dallas TX 75244-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitMall

Occupation  
Sales Administration Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207652

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
 RYAN R MCDERMOTT  
 Mailing Address 883 West Baxter Drive

City State Zip Code  
 South Jordan UT 84095-8506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 McDermott Company & Associates

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207475

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
 REINE MORRIS  
 Mailing Address P. O. Box 1271

City State Zip Code  
 Portland OR 97207-1271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Regence BlueCross BlueShield

Occupation  
 Account Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207498

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
 CAROLYNNE MULDOON  
 Mailing Address 457 Main Street

City State Zip Code  
 Longmont CO 80501-5534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Milestone Insurance Agency

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207514

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

RON J NEZAT

Mailing Address PO Box 91180

City State Zip Code  
 Lafayette LA 70509-1180

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Global Financial Resources  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207477

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)

NICHOLAS A OGDEN

Mailing Address PO Box 3725

City State Zip Code  
 Wilmington NC 28409-8134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
David Hill and Associates,  
INC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207479

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)

STEVE PAOLUCCI

Mailing Address 2305 W. Berry Avenue

City State Zip Code  
 Littleton CO 80120-1177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paolucci Financial Servic-  
es

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207648

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ROBERT P POLI

Mailing Address 6101 Executive Boulevard Suite 12

City State Zip Code  
 Rockville MD 20852-3907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Insurance Marketing Center  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207386

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** SUSAN MALEY\_RASH

Mailing Address 2108 West Laburnum Avenue Suite 3

City State Zip Code  
 Richmond VA 23227-4300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BB&T Benefit Consultants  
of Virginia

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207389

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** MARK C RILEY

Mailing Address PO Box 1635

City State Zip Code  
 Irmo SC 29063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Benefit Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207392

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ALINE ROBERTS

Mailing Address 3537 Old Conejo Rd., Ste. 114

City	State	Zip Code
Newbury Park	CA	91320-6189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance DimensionsOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	5

Transaction ID: 12207568

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B.** WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City	State	Zip Code
Martinsville	IN	46151-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Community Mutual  
InsuranceOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	5

Transaction ID: 12207445

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** MEL A SCHLESINGER

Mailing Address PO Box 30100

City	State	Zip Code
Winston Salem	NC	27130-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Rainmakers Group Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	5

Transaction ID: 12207631

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
JAMES D SCHULZ

Mailing Address 7101 S. 82nd St.

City State Zip Code  
Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midlands Financial Benefi-  
ts

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207633

Amount of Each Receipt this Period

80.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS SHORES

Mailing Address 8596 W Bolsa Ct.

City State Zip Code  
Boise ID 83709-5196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T.A. Shores Inc.

Occupation  
Business Growth Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207450

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Bob G Shupe

Mailing Address PO Box 2344

City State Zip Code  
Brentwood TN 37024-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ESP Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207397

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DEWAYNE SIMPSON  
Mailing Address 11503 Rocky Valley Dr

City State Zip Code  
Little Rock AR 72212-3035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFLAC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207429

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
ANNE P SPERLING  
Mailing Address 25 Antigua Road

City State Zip Code  
Santa Fe NM 87508-2201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Daniels Insurance Inc.

Occupation  
Employee Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207400

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL STEELE  
Mailing Address 1000 South Cleveland-Massillon Rd

City State Zip Code  
Akron OH 44333-9204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Designs Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207510

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JULIA M STEVERSON

Mailing Address PO Box 2008

City State Zip Code  
 Fallon NV 89407-2008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Western Nevada Insurance  
Services, Inc

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207401

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Paul D. Taylor

Mailing Address 5007 Carriage Drive Suite G-1

City State Zip Code  
 Roanoke VA 24018-1937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Taylor Insurance

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207488

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Donald B. Thompson

Mailing Address 9700 Ormsby Station Rd. # 200

City State Zip Code  
 Louisville KY 40223-4207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thompson Associates Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207402

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

DANIEL R TOMPKINS, JR

Mailing Address PO Box 1810

City State Zip Code  
 Roswell GA 30077-1810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Admin America

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207403

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)

Eric S. Townsend

Mailing Address 1658 Presto Avenue

City State Zip Code  
 Indianapolis IN 46224-5640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mutual of Omaha

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207582

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)

ALBERT J TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code  
 Boca Raton FL 33431-7379

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John Hancock

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207404

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code  
Tyler TX 75701-9455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Threlkeld & Company Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207497

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code  
Timonium MD 21093-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Corporate Coverage LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207435

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)  
M HUGHES WARREN

Mailing Address P.O. Box 7661

City State Zip Code  
Wilmington NC 28406-7661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ebenconcepts Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207639

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JOHN L WARWICK

Mailing Address PO Box 272  
1907 B Mangrove Ave.

City State Zip Code  
Chico CA 95927-0272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John Warwick Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207548

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B.** Amy R. Webb

Mailing Address 7 E. Main Street  
Suite 200

City State Zip Code  
Moorestown NJ 08057-3831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saratoga Benefit Services  
LLC.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207405

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** DAVID B WILLS

Mailing Address 902 Brynwood Dr

City State Zip Code  
Chattanooga TN 37415-3306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D. B. Wills & Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207407

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
STEVEN L WILSON

Mailing Address 1151 Red Mile Road

City State Zip Code  
 Lexington KY 40504-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Insurance Marketi-  
ng

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207482

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN L WILSON

Mailing Address 1151 Red Mile Road

City State Zip Code  
 Lexington KY 40504-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Insurance Marketi-  
ng

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207493

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN J WOOLSTON

Mailing Address 525 East 100 South Suite 200

City State Zip Code  
 Salt Lake City UT 84102-2067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GBS Benefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207410

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** DENNY WRIGHT

Mailing Address 111 East Ludwig Road Suite 108

City State Zip Code  
 Fort Wayne IN 46825-4240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207447

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** DENNY WRIGHT

Mailing Address 111 East Ludwig Road Suite 108

City State Zip Code  
 Fort Wayne IN 46825-4240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IntraHealth Solutions In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207495

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** Robert J Bishop

Mailing Address 2785 East Desert Inn Rd. # 134

City State Zip Code  
 Las Vegas NV 89121-3623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KIA Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207434

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM J BRANNON  
Mailing Address 7 Terrace Way Suite C

City State Zip Code  
Greensboro NC 27403-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group US Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207351

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
DOROTHY M COCIU  
Mailing Address P.O. Box 1941

City State Zip Code  
Big Bear Lake CA 92315-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Benefit Consulting & Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207353

Amount of Each Receipt this Period

80.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL A CUTTER  
Mailing Address 624 Griffin Road Suite B

City State Zip Code  
Indianapolis IN 46227-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Dept. of Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207535

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
RUSH DAVID DIXON  
Mailing Address 1375 Piccard Drive

City State Zip Code  
Rockville MD 20850-4311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Early Cassidy and Schilli-  
ng

Occupation  
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207594

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN H DODDER  
Mailing Address PO Box 2069

City State Zip Code  
Monument CO 80132-2069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Time Insurance/Assurant  
Health

Occupation  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207462

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL A EMBRY, SR  
Mailing Address 20700 Civic Center Drive Suite 25

City State Zip Code  
Southfield MI 48076-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Servic-  
es Inc.

Occupation  
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207597

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Wesley Foster

Mailing Address 411 Copper Circle

City State Zip Code  
 Argyle TX 76226-7333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BenefitMall

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207661

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** CHARLES T GARTLAN

Mailing Address PO Box 1268

City State Zip Code  
 Toms River NJ 08754-1268

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BenefitPort LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207598

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** RICHARD R GIRDLER, JR

Mailing Address 113 Seaboard Lane Suite C-170

City State Zip Code  
 Franklin TN 37067-8281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cowan Benefit Services  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207360

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
GERALD G HARTMAN

Mailing Address 1487 S. David Lane  
PO Box 5716

City State Zip Code  
Boise ID 83705-0716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Insurance Network America  
Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207602

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
SHEILA HARTMAN

Mailing Address 21700 Oxnard St. # 1270

City State Zip Code  
Woodland Hills CA 91367-3669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Financial Independence Co-  
mpany

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207509

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
HUGH R HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City State Zip Code  
Tacoma WA 98402-4468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategic Employee Benefit  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207605

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** W. RICHARD HERD

Mailing Address 883 West Baxter Drive

City State Zip Code  
 South Jordan UT 84095-8506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McDermott Company & Asso-  
ciates Inc.

Occupation  
Employee Benefits & Pensions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207606

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code  
 Burbank CA 91501-1522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jardez Financial & Insura-  
nce Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207363

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** Sheri S Hokin

Mailing Address 3330 Dundee Road Suite C-3

City State Zip Code  
 Northbrook IL 60062-2328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hokin Sternberg Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207368

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID S JOHNSON Mailing Address P. O. Box 871129 City State Zip Code Stone Mountain GA 30087-0029 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207370</b> Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance Occupation Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 740.00		
<b>B.</b> Full Name (Last, First, Middle Initial) SANDRA JOHNSON Mailing Address 12500 Network Blvd # 403 City State Zip Code San Antonio TX 78249-3310 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207667</b> Amount of Each Receipt this Period 25.00
Name of Employer Hairston Johnson & Associates PLLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) ROY W KERN Mailing Address 1722 S Glenstone Ave Ste II P.O. Box 10906 GS City State Zip Code Springfield MO 65804-1516 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: 12207613</b> Amount of Each Receipt this Period 20.00
Name of Employer Roy W Kern & Associates Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
ROBERT M LAY  
Mailing Address 3112 Forest Avenue

City State Zip Code  
Fort Worth TX 76112-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lay & Williams Insurance  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207473

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL E MATZNICK  
Mailing Address PO Box 38248  
3300 Battleground Ave. #200 (2741)

City State Zip Code  
Greensboro NC 27438-8248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EbenConcepts Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207620

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)  
LESLIE E MCGERR  
Mailing Address 6125 Havelock Avenue

City State Zip Code  
Lincoln NE 68507-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Les McGerr & Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207621

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

PATRICIA MILLER

Mailing Address PO Box 8357

City State Zip Code  
 Tyler TX 75711-8357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hibbs-Hallmark & Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207659

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

LINDA J NEW

Mailing Address P. O. Box 28543

City State Zip Code  
 Austin TX 78755-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Insurance Benefits

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207624

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Peggy Olson

Mailing Address P O Box 14725

City State Zip Code  
 Portland OR 97293-0725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Healthwise Insurance Plan-  
ning

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207552

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

55.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A. JESSE A PATTON**

Mailing Address 2175 NW 86th Street Suite 14

City State Zip Code  
 Des Moines IA 50325-5557

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associations Marketing Gr-  
oup Inc.

Occupation  
CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207627

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM H PENNINGTON**

Mailing Address 4640 Woodbridge Drive

City State Zip Code  
 Kernersville NC 27284-8850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennington Associates Inc.

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207544

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. JAMES E PRICE, III**

Mailing Address 5709 North West Avenue

City State Zip Code  
 Fresno CA 93711-2366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Price Associates Insurance  
Services I

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207387

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 171 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JON C RAUSER

Mailing Address 400 East Wisconsin Avenue # 200

City State Zip Code  
Milwaukee WI 53202-4499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Rauser Agency Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207390

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

**B.** EDWARD ROLING

Mailing Address 343 Six Forks Road

City State Zip Code  
Raleigh NC 27609-7800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Delta Dental of North Carolina Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207428

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** FRANCIS A RUGGIERO

Mailing Address 15 Kennedy Drive

City State Zip Code  
Budd Lake NJ 07828-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Ruggiero Group LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207485

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) RAYMER M SALE, JR Mailing Address P. O. Box 424420 1255 Lakes Pkwy Ste 120 Zip 3004 City State Zip Code Lawrenceville GA 30042 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer E2E Benefits Services Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1260.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 12207395 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) JON SIVERS Mailing Address 10731 Treena St. # 109 City State Zip Code San Diego CA 92131-1040 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BenefitPro Insurance Services Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 12207662 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT C TRETTER Mailing Address 13016 Delmar Street City State Zip Code Leawood KS 66209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Thomas McGee L.C. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 12207489 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
Lafayette LA 70503-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Physician's Mutual Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207490

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** GREG A YODER

Mailing Address 1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ray Silva Insurance Associates Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207549

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** ROBERT A ZIFF

Mailing Address 17 North Delmorr Avenue

City State Zip Code  
Morrisville PA 19067-6278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Avanti Benefits Corp

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207644

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JOHN S HELMS

Mailing Address 2000 N 14th Street

City State Zip Code  
 Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John Helms & Associates

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207604

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** SHARON R ROSS

Mailing Address 2000 N. 14th Street

City State Zip Code  
 Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Healthcare

Occupation  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207630

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MARIA KENNEDY

Mailing Address 1149 Court Street NE

City State Zip Code  
 Salem OR 97301-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Oregon Industr-  
ies

Occupation  
Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 12207612

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** SUZY E. ALBERTS

Mailing Address 22101 Michigan Avenue

City State Zip Code  
 Dearborn MI 48124-2204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80593225158

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** STEPHEN D. ANDERSEN

Mailing Address 7101 S. 82nd St.

City State Zip Code  
 Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midlands Financial Benefits

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80594655158

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** WILLIAM Chester ANDERSON

Mailing Address 498 Palm Springs Drive Suite 210

City State Zip Code  
 Altamonte Springs FL 32701-7805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Port

Occupation  
Marketing Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80594935158

Amount of Each Receipt this Period

60.00

P/R Deduction (\$100.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
KATHRYN Kathryn ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code  
Tyler TX 75711-7648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategies In Employee Be-  
nefits Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80595155158

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Mon-  
thly)

**B.** Full Name (Last, First, Middle Initial)  
VIRGINIA T. ASHTON

Mailing Address 1900 Electric Road

City State Zip Code  
Salem VA 24153-7474

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lewis-Gale Medical Center

Occupation  
Director of Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80596465158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Mon-  
thly)

**C.** Full Name (Last, First, Middle Initial)  
KELLY Lee BECERRA

Mailing Address 12105 Anne St.

City State Zip Code  
Omaha NE 68105-3223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midwest Benefit Advisors,  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80600625158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DAVID C. BENSON

Mailing Address 6167 Bristol Parkway, #370

City State Zip Code  
Culver City CA 90232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DCB Insurance Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 5

Transaction ID: 12711909

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
BRUCE D BENTON

Mailing Address 19528 Ventura Boulevard # 596

City State Zip Code  
Tarzana CA 91356-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis SmithBenton Insur-  
ance & Financ

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 5

Transaction ID: 12711911

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTINE BIZJACK

Mailing Address 6075 Poplar Avenue Suite 221

City State Zip Code  
Memphis TN 38119-0113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Humana

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
/ / /

Transaction ID: PR80603405158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 178 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Tracy Q Bradford

Mailing Address 866 Ridgeway Loop Road, Suite 200

City State Zip Code  
 Memphis TN 38120-4000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clay & Land Insurance, In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80606755158

Amount of Each Receipt this Period

200.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

**B.** RONALD S. BUFFUM

Mailing Address 1000 Heritage Center Circle

City State Zip Code  
 Round Rock TX 78664-4463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Buffum Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80610505158

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** JENNIFER BUNDY-COBB

Mailing Address 3000 A Street Suite 400

City State Zip Code  
 Anchorage AK 99501-5148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Wilson Agency LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80610765158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** TIMOTHY BYRNE

Mailing Address 3113 West Beltline Highway

City State Zip Code  
 Madison WI 53713-2830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mortenson Matzelle & Mel-  
drum

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80612375158

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Mon-  
thly)

Full Name (Last, First, Middle Initial)

**B.** Pam Cearley

Mailing Address 3226 Brunside

City State Zip Code  
 San Antonio TX 78216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Grande Healthcare

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80615945158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Mon-  
thly)

Full Name (Last, First, Middle Initial)

**C.** Steve M. Clement

Mailing Address 3010 Fenwood Trail

City State Zip Code  
 Roswell GA 30075-4199

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S.M.C. Consultants Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80618735158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Wee-  
kly)

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
SHARON DICORATO

Mailing Address 801 Pine Street Suite 4G1

City State Zip Code  
Chattanooga TN 37402-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
TN

Occupation  
Manager, Individual Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80629165158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$10.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
CYNTHIA H. DOUCET

Mailing Address P. O. Box 91180

City State Zip Code  
Lafayette LA 70509-1180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Financial Resources  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80631055158

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Marcia A. Fender

Mailing Address 5801 East 41st Street, Suite 711

City State Zip Code  
Tulsa OK 74135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogers Benefit Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 5

Transaction ID: 12165664

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

LINDA K. FRIEDRICH

Mailing Address PO Box 30275

City State Zip Code  
 Lincoln NE 68503-0275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNICO Financial Services  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80641735158

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

PATRICE GOLDFARB

Mailing Address 442 Teaneck Rd.

City State Zip Code  
 Ridgefield Park NJ 07660-1516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Employee Benefits Adv-  
isors Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80646385158

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)

Michael R. Goss

Mailing Address 3101 W Main St., # 110

City State Zip Code  
 Boise ID 83702-2099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Myriad

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80647325158

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

MICHAEL D. GRAY

Mailing Address 233 South 13th Street  
Suite 1500

City State Zip Code  
Lincoln NE 68508-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Harry A. Koch Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80648045158

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Monthly)

B. Full Name (Last, First, Middle Initial)

SHELLY K. HARRISON

Mailing Address 9900 West 109th Street, Ste. 200

City State Zip Code  
Overland Park KS 66210-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealthcare

Occupation  
Manager Sales Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80653415158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)

LEESA HAYES

Mailing Address 9700 Ormsby Station Road

City State Zip Code  
Louisville KY 40223-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thompson Associates Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80654555158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

480.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
LISA WETHERTON  
Mailing Address 376 Overlook Point Drive

City State Zip Code  
Dahlonega GA 30533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Designs

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80655585158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$125.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DONNA D. HILL  
Mailing Address PO Box 724

City State Zip Code  
Snellville GA 30078-0724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DDH Associates LLC

Occupation  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80657255158

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MARYLOU Lou HUDMAN  
Mailing Address 5330 Bent Tree Forest Drive Suite

City State Zip Code  
Dallas TX 75248-3471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A Benefit Source

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.14

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80660865158

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Lesley R. Hutson Mailing Address 501 S. Bernard PO Box 3144 City State Zip Code Spokane WA 99220-3144 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80662035158 Amount of Each Receipt this Period 40.00
Name of Employer Fidelity Associates Financial Services Occupation Employee Benefit Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		P/R Deduction (\$20.00 Monthly)
<b>B.</b> Full Name (Last, First, Middle Initial) SUZANNE K. JOHNSON Mailing Address 6235 Morrison Boulevard Suite 302 City State Zip Code Charlotte NC 28211-3508 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80664605158 Amount of Each Receipt this Period 80.00
Name of Employer Strategic Employee Benefit Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 470.00		P/R Deduction (\$40.00 Monthly)
<b>C.</b> Full Name (Last, First, Middle Initial) THELMA KACZMAREK Mailing Address PO Box 345 P O Box 345 City State Zip Code Ravenna OH 44266-1684 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80666985158 Amount of Each Receipt this Period 200.00
Name of Employer Kaczmarek Ins. Services Agency Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1430.00		P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

**320.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
BRIAN W. LIECHTY

Mailing Address 120 East Washington Street

City State Zip Code  
Plymouth IN 46563-1744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KL Benefits

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80677985158

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
CLARK K. LOEWE

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code  
Houston TX 77092-4927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwest General Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80678875158

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
JENNIFER P. MANCER

Mailing Address 5300 Cahaba River Road Suite 150

City State Zip Code  
Birmingham AL 35243-3384

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J. Smith Lanier & Company

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80682395158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
KIMBERLY C. MARTIN

Mailing Address 180 Charlotte Highway

City State Zip Code  
Asheville NC 28803-9673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ebenconcepts

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80683855158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
CAROL MATZNICK

Mailing Address PO Box 38905

City State Zip Code  
Greensboro NC 27438-8905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Carolina AHU

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80685305158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
DAVID R. MOORE

Mailing Address PO Box 1006

City State Zip Code  
Burlington NC 27216-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
David R. Moore CLU & Associates

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80693335158

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** WESLEY P. MOORE, III

Mailing Address P O Box 604

City

Darlington

State

SC

Zip Code

29540-0604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W P Moore Agency

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80693355158

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** JOSHUA D. NACE

Mailing Address 936 North 34th Street Suite 208

City

Seattle

State

WA

Zip Code

98103-8869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dental Health Services  
Inc.

Occupation  
Vice President Sales & Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80696735158

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** MICHAEL A. NORRIS

Mailing Address PO Box 999  
295 E Palmer Street

City

Franklin

State

NC

Zip Code

28744-0999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wayah Insurance Agency

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80699385158

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** THERESA M. OLSON

Mailing Address P. O. Box 21479

City State Zip Code  
 Keizer OR 97307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baglien-Olson Insurance

Occupation  
Independent Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80701085158

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** JOHN C. PARKER

Mailing Address 47 Laurel Hill Drive

City State Zip Code  
 Niantic CT 06357-1536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parker Agency

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80703115158

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** ALINE ROBERTS

Mailing Address 3537 Old Conejo Rd., Ste. 114

City State Zip Code  
 Newbury Park CA 91320-6189

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Insurance Dimensions

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 5

Transaction ID: 12716521

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JOSEPH K. ROBERTS

Mailing Address 7101 South 82nd Street

City State Zip Code  
 Lincoln NE 68516-6574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midlands Financial Benefi-  
ts

Occupation  
Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80715045158

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Mon-  
thly)

Full Name (Last, First, Middle Initial)

**B.** STUART SHAPIRO

Mailing Address PO Box 587

City State Zip Code  
 Wheeling IL 60090-0587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shapiro Financial Group  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80724165158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Mon-  
thly)

Full Name (Last, First, Middle Initial)

**C.** Michael R. Stephens

Mailing Address 7712 South Yale Avenue Suite 200

City State Zip Code  
 Tulsa OK 74136-8226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Medical Security

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 5

Transaction ID: 12165669

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) RYAN P. THORN Mailing Address 10342 South Springcrest Lane City State Zip Code South Jordan UT 84095-4538 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ryan P. Thorn Insurance Planning Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80738725158 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Monthly)
<b>B.</b> Full Name (Last, First, Middle Initial) DANIEL R. TOMPKINS, III Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite City State Zip Code Roswell GA 30077-1810 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Admin America Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80739705158 Amount of Each Receipt this Period 60.00 P/R Deduction (\$40.00 Monthly)
<b>C.</b> Full Name (Last, First, Middle Initial) JENNIFER L. TOUPS Mailing Address PO Box 113113 City State Zip Code Metairie LA 70011-3113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Business Insurance Group Occupation Director of Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80740055158 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
MARILYN A. VAN SANT

Mailing Address 271 Route 46 West Suite G206

City State Zip Code  
Fairfield NJ 07004-2475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stratford Financial Group

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80742455158

Amount of Each Receipt this Period

160.00

P/R Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
CHARLES G. WAGNER

Mailing Address PO Box 9

City State Zip Code  
Burwell NE 68823-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town and Country Insurance  
Agency Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80744385158

Amount of Each Receipt this Period

100.00

P/R Deduction (\$400.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
TIMOTHY P. WALSH

Mailing Address PO Box 417

City State Zip Code  
Hampstead NC 28443-0417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Insurance Systems

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80745295158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

HARRY G. WITSEN

Mailing Address 1150 Glenwood Court

City State Zip Code  
 Vineland NJ 08361-8510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Benefit Services

Occupation  
RHU, CLU, ChFC, CSA, CLTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80751935158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

BARBARA Kay WONG

Mailing Address 1311 L Street

City State Zip Code  
 Anchorage AK 99501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Management Benefi-  
ts Corp.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80752325158

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)

ELIZABETH ASHMORE

Mailing Address 7606 University Avenue Suite B

City State Zip Code  
 Lubbock TX 79423-2128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ashmore Agency Inc

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80757525158

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** ANN C. BELL

Mailing Address 1661 Shoreline Drive Suite 100

City State Zip Code  
Boise ID 83702-6746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Higgins & Rutledge Insurance Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80758665158

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** DAVID A BERMAN

Mailing Address 6510 N. Shadeland Avenue

City State Zip Code  
Indianapolis IN 46220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Neace Lukens Holding Company Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80758865158

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** LYNDA L. BERRYHILL

Mailing Address 211 North Robinson Avenue  
One Leadership Square Suite 450

City State Zip Code  
Oklahoma City OK 73102-7109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Berryhill Insurance Agency Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80758895158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

B CALVIN

Mailing Address PO Box 101422

City State Zip Code  
Anchorage AK 99510-1422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Calco Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80760855158

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

Russ B. Childers

Mailing Address PO Box 1547

City State Zip Code  
Americus GA 31709-1547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Russ Childers CLU

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80761685158

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)

MICHAEL B. DOLLINS

Mailing Address 4334 NW Expressway Suite 242

City State Zip Code  
Oklahoma City OK 73116-6416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dollins & Company Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR80764485158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)  
EUGENE D. EBERSOLE

Mailing Address 405 Gretna Blvd, Suite 103A

City State Zip Code  
 Gretna LA 70053-4900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebersole & Associates In-  
c.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . . . .

Transaction ID: PR80765285158

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Weekly)

B. Full Name (Last, First, Middle Initial)  
THOMAS M EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code  
 Omaha NE 68164-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross Blue Shield of  
NebraskaOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . . . .

Transaction ID: PR80765785158

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial)  
DAVID L. FEAR

Mailing Address 11160 Sun Center Drive Suite A

City State Zip Code  
 Rancho Cordova CA 95670-6121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIMS Strategic Distributi-  
on DivisionOccupation  
Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . . . .

Transaction ID: PR80766125158

Amount of Each Receipt this Period

110.00

P/R Deduction (\$340.00 Weekly)

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
 BRUCE L. GARDNER  
 Mailing Address 1502 West Avenue

City State Zip Code  
 Austin TX 78701-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bruce Gardner Insurance  
 & Investments

Occupation  
 Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80767545158

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
 KATHERINE P. GREENE  
 Mailing Address 13821 Eaglesnest Bay

City State Zip Code  
 Corpus Christi TX 78418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80768675158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
 ROBERT A GRUNDMAN  
 Mailing Address 7412 Karl Drive

City State Zip Code  
 Lincoln NE 68516-4368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Senior Benefit Strategies

Occupation  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80768945158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JAMES O HELDEBRAND

Mailing Address 11714 S. Granite Avenue

City State Zip Code  
Tulsa OK 74137-8526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Benefit Services, Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80770195158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** TIMOTHY HENDRICKS

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code  
Broken Arrow OK 74012-5906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Business Planning Group  
Of OK

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80770265158

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** HUGH R HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City State Zip Code  
Tacoma WA 98402-4468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Strategic Employee Benefit  
Services

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80770275158

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CAROLINE HESSELTINE

Mailing Address 7272 Wurzbach Road Suite 104

City State Zip Code  
San Antonio TX 78240-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABC / Associated Benefit  
Consultants

Occupation  
Employee Benefit Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80770505158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
RICHARD L HILL

Mailing Address 4435 O Street  
P.O. Box 30275

City State Zip Code  
Lincoln NE 68510-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICO Financial Services  
Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80770665158

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
KAREN JONES

Mailing Address 5225 South Loop 289 Suite 111

City State Zip Code  
Lubbock TX 79424-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
TX

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80772695158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

LAWRENCE KACZMAREK

Mailing Address 6711 Berry Rd

City State Zip Code  
 Ravenna OH 44266-1684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kaczmarek Insurance Servi-  
ces Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80772995158

Amount of Each Receipt this Period

200.00

P/R Deduction (\$60.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)

MICHAEL KIELIAN

Mailing Address PO Box 45279

City State Zip Code  
 Omaha NE 68145-0279

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Harry A. Koch Company

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80773645158

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)

MARY B. KRAMER

Mailing Address 2637 South 158th Plaza Suite 200

City State Zip Code  
 Omaha NE 68130-1769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Holmes Murphy and Associa-  
tes Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80774315158

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Jack R Lenhart

Mailing Address 4200 East Skelly Drive Suite 610

City	State	Zip Code
Tulsa	OK	74135-3255

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
EquitableOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	5	

Transaction ID: 12165665

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B.** SHARON L MCDERMOTT

Mailing Address 21425 Chancellor Road

City	State	Zip Code
Elkorn	NE	68022-4677

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Diversified Benefits Group  
IncOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Transaction ID: PR80777295158

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** DENNIS J. RECKER

Mailing Address 971 North Perry Street

City	State	Zip Code
Ottawa	OH	45875-1218

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Fawcett Lammon Recker  
& AssociatesOccupation  
Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Transaction ID: PR80782185158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

GLEN E RIENSCHKE

Mailing Address 415 5th Street  
P. O. Box 664

City State Zip Code  
Fairbury NE 68352-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Insurance Services Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80782605158

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)

ELIZABETH E WHEATCROFT

Mailing Address 124 West Castellano Drive Suite 2

City State Zip Code  
El Paso TX 79912-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goodman Financial Group

Occupation  
VP - Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80782715158

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 Monthly)

C. Full Name (Last, First, Middle Initial)

WILLIAM T. ROBINSON

Mailing Address Mail: 100 S. Sunrise Way PMB 364  
Office: 1276 No Palm Canyon Dr #2

City State Zip Code  
Palm Springs CA 92262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Canyon Insurance Agency

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80782955158

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)

EUGENE L. ROWE

Mailing Address 16000 Ventura Blvd Suite 1103

City State Zip Code  
 Encino CA 91436-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R & R Insurance and Retirement Service

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80783385158

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)

EUGENE L. ROWE

Mailing Address 16000 Ventura Blvd Suite 1103

City State Zip Code  
 Encino CA 91436-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R & R Insurance and Retirement Service

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2005

Transaction ID: 12712014

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)

STEPHEN J. SALAMON

Mailing Address PO Box 4252

City State Zip Code  
 Timonium MD 21094-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage Financial Consultants LLC

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80783675158

Amount of Each Receipt this Period

20.00

P/R Deduction (\$760.00 Weekly)

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)

ROBERT Hunt SCHUMACHER

Mailing Address 1137 Jonagold Way

City State Zip Code  
 Mountain View CA 94513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schumacher & Walker Ins.  
Associates I

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80784565158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)

ROGER W SKINNER

Mailing Address 6612 East 75th Street Suite 200

City State Zip Code  
 Indianapolis IN 46250-2876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GroupLink Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80785575158

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)

PATRICIA SMITH

Mailing Address 523 Kirkland Way

City State Zip Code  
 Kirkland WA 98033-6219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Smith Meacham Insurance

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80785735158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** JACKIE L. SPRAGINS

Mailing Address PO Box 2073

City

Wichita Falls

State

TX

Zip Code

76307-2073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spragins Insurance Agency

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80786325158

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.** LOUANNE TREBING

Mailing Address 1806 Patton Drive

City

Garland

State

TX

Zip Code

75042-8205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trebing Insurance Services

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80788175158

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.** C.L. L WESTMORELAND

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205-0925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Public Life Insurance Company

Occupation

Director of Agency Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80789775158

Amount of Each Receipt this Period

170.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CATHERINE FICARA  
Mailing Address 26999 Central Park Blvd.

City State Zip Code  
Southfield MI 48076-4174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Financial Group LL-  
CUnited

Occupation  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80792245158

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MARIA KENNEDY  
Mailing Address 1149 Court Street NE

City State Zip Code  
Salem OR 97301-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Oregon Industr-  
ies

Occupation  
Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR90472675158

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
JANT TRAUTWEIN-STOKES  
Mailing Address 2000 N 14th Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAHU

Occupation  
Executive VP, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR98070615158

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

37778.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 226

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10629348

Date of Disbursement

09 / 21 / 2005

Amount of Each Disbursement this Period

84.45

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

## **B. Merchant Services**

Mailing Address 7300 Chapman Hwy

City  
Knoxville

State  
TN

Zip Code  
37920-6612

Purpose of Disbursement  
Credit Card Processing

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11313935

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

396.01

Credit Card Processing

Full Name (Last, First, Middle Initial)

## **C. STEVE SELINSKY**

Mailing Address 28588 Northwestern Highway Suite

City  
Southfield

State  
MI

Zip Code  
48034-8335

Purpose of Disbursement  
Reimbursement of PAC Conference Expenses

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11308436

Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

1800.00

Reimbursement of PAC Conference Expenses

**SUBTOTAL** of Disbursements This Page (optional) .....

2280.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A. JESSE A PATTON**

Mailing Address 2175 NW 86th Street Suite 14

City State Zip Code  
Des Moines IA 50325-5557

Purpose of Disbursement  
Reimbursement of PAC Conference Expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 11308425

Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

458.40

Reimbursement of PAC Conference Expenses

Full Name (Last, First, Middle Initial)

**B. National Association of Health Underwriters**

Mailing Address 2000 14th Street  
Suite 450

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement  
Reimbursement for PAC Board Conference T

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 11308867

Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

6000.00

Reimbursement for PAC Board Conference Travel

Full Name (Last, First, Middle Initial)

**C. EDWARD ROLING**

Mailing Address 343 Six Forks Road

City State Zip Code  
Raleigh NC 27609-7800

Purpose of Disbursement  
Reimbursement of PAC Conference Expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 11309250

Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

354.30

Reimbursement of PAC Conference Expenses

**SUBTOTAL** of Disbursements This Page (optional) .....

6812.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 226

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11313931

Date of Disbursement

10 / 21 / 2005

Amount of Each Disbursement this Period

108.45

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

## **B. Merchant Services**

Mailing Address 7300 Chapman Hwy

City  
Knoxville

State  
TN

Zip Code  
37920-6612

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11409759

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

25.00

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

## **C. Merchant Services**

Mailing Address 7300 Chapman Hwy

City  
Knoxville

State  
TN

Zip Code  
37920-6612

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11314673

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

351.92

Credit Card Processing Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

485.37

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 209 / 226

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Chargeback Adjustment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11409530

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

10.00

Chargeback Adjustment

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit Adjustment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11314675

Date of Disbursement

11 / 21 / 2005

Amount of Each Disbursement this Period

96.23

Credit Adjustment

Full Name (Last, First, Middle Initial)

**C.** Tracy Q Bradford

Mailing Address 866 Ridgeway Loop Road, Suite 200

City  
Memphis

State  
TN

Zip Code  
38120-4000

Purpose of Disbursement  
Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309281

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

108.48

Travel Expenses

**SUBTOTAL** of Disbursements This Page (optional) .....

214.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 210 / 226

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A. JEFF GENNARO**

Mailing Address PO Box 10315

City  
Phoenix

State  
AZ

Zip Code  
85064-0315

Purpose of Disbursement

Travel Expenses: Reimbursement of PAC Co

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 11309282

Date of Disbursement

/   /

Amount of Each Disbursement this Period

355.30

Travel Expenses: Reimbursement of PAC Conference Expenses

Full Name (Last, First, Middle Initial)

**B. JOSEPH K. ROBERTS**

Mailing Address 7101 South 82nd Street

City  
Lincoln

State  
NE

Zip Code  
68516-6574

Purpose of Disbursement

Travel Expenses: Reimbursement of PAC Co

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 11309277

Date of Disbursement

/   /

Amount of Each Disbursement this Period

318.80

Travel Expenses: Reimbursement of PAC Conference Expenses

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address 7300 Chapman Hwy

City  
Knoxville

State  
TN

Zip Code  
37920-6612

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 12168175

Date of Disbursement

/   /

Amount of Each Disbursement this Period

383.30

Credit Card Processing Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

1057.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 211 / 226

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

## **A. Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12167675

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

66.10

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

## **B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12168177

Date of Disbursement

12 / 21 / 2005

Amount of Each Disbursement this Period

85.51

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

## **C. Press Works**

Mailing Address 351 W Bigelow Ave

City Plain City State OH Zip Code 43064

Purpose of Disbursement  
Printing Expense

Candidate Name

006  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12168640

Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

412.01

Printing Expense

**SUBTOTAL** of Disbursements This Page (optional) .....

563.62

**TOTAL** This Period (last page this line number only) .....

11414.26

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A. Meeks For Congress**

Mailing Address 219-10 South Conduit Avenue

City Springfield Garden State NY Zip Code 11413

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gregory W. Meeks

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 6

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 10629346**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Meeks For Congress**

Mailing Address 219-10 South Conduit Avenue

City Springfield Garden State NY Zip Code 11413

Purpose of Disbursement  
Void - Meeks For Congress

Candidate Name  
Rep. Gregory W. Meeks

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 6

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 13691637**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

Void - Meeks For Congress

Full Name (Last, First, Middle Initial)

**C. Earl Pomeroy For Congress**

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

State: ND District: 1

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 10345283**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Jerry Weller For Congress Inc.

Mailing Address P.O. Box 15283

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gerald C. Weller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 10345606

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Roskam For Congress Committee

Mailing Address 141 Shelley Lane

City  
Wheaton

State  
IL

Zip Code  
60187

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Peter Roskam

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: 10345147

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** JD Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City  
Scottsdale

State  
AZ

Zip Code  
85260

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. J.D. Hayworth

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 5

Transaction ID: 10345013

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Enzi For US Senate

Mailing Address PO Box 2775

City State Zip Code  
Cody WY 82414

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Michael Enzi

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 2

Transaction ID: 10344857

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City State Zip Code  
Montgomery AL 36103

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Jeff Sessions

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 2

Transaction ID: 10345446

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Tim Murphy For Congress

Mailing Address PO Box 24551

City State Zip Code  
Pittsburgh PA 15234

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Tim F. Murphy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: 11314033

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

## **A. Majority Initiative to Keep Electing Republicans**

Mailing Address PO Box 35796

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 11314034

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Norwood For Congress**

Mailing Address PO Box 499

City  
Evans

State  
GA

Zip Code  
30809

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles W. Norwood

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 9

Transaction ID: 11309101

Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Volunteer PAC (VOLPAC)**

Mailing Address PO Box 158552

City  
Nashville

State  
TN

Zip Code  
37215

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 11309162

Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Musgrave For Congress

Mailing Address 118 W Charlotte St

City  
Johnstown

State  
CO

Zip Code  
80534

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Marilyn N. Musgrave

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 4

Transaction ID: 11309226

Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Enzi For US Senate

Mailing Address PO Box 2775

City  
Cody

State  
WY

Zip Code  
82414

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Michael Enzi

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: WY District: 2

2008 US Primary

Transaction ID: 11308422

Date of Disbursement

10 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Bill Thomas Campaign Committee

Mailing Address PO Box 395

City  
Bakersfield

State  
CA

Zip Code  
93302

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. William M. Thomas

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 11309261

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Committee To Re-Elect Bobby Jindal

Mailing Address PO Box 8628

City  
Metairie

State  
LA

Zip Code  
70011

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bobby Jindal

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 1

Transaction ID: 11309252

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Nelson for U.S. Senate

Mailing Address P O Box 8666

City  
Omaha

State  
NE

Zip Code  
68103

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. E. Benjamin Nelson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 2

Transaction ID: 11309259

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City  
West Conshohocken

State  
PA

Zip Code  
19428

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Rick Santorum

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 2

Transaction ID: 11314672

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

## **A. Friends Of Sessions Senate Committee Inc**

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Jeff Sessions

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: AL District: 2

2008 US Primary

Transaction ID: 11309258

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Friends For Mike McGavick**

Mailing Address PO Box 9247

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Michael McGavick

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 2

Transaction ID: 11309255

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Steele For Maryland Inc**

Mailing Address 150 South Street Suite 100

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Michael Steele

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 2

Transaction ID: 11309260

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Friends Of Clay Shaw

Mailing Address P. O. Box 2188  
2600 Ne 14th. Street Causeway

City Ft. Lauderdale State FL Zip Code 33303

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. E. Clay Shaw, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 22

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309263

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Wally Herger For Congress Committee

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Wally Herger

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Steele For Maryland Inc

Mailing Address 150 South Street Suite 100

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Michael Steele

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MD District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309264

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Re-Elect Harold Ford Jr

Mailing Address 5120 Barry Road  
Suite 1300

City Memphis State TN Zip Code 38117

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Harold E. Ford, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 9

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2008 US Primary

Transaction ID: 11309273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Herseth For Congress

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Stephanie Herseth

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SD District: 1

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309271

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Paul Ryan

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 1

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309275

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Friends Of Kent Conrad

Mailing Address PO Box 812

City  
Bismarck

State  
ND

Zip Code  
58502

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Sen. Kent Conrad

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 11309272

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Joe Lieberman

Mailing Address PO Box 231294  
State House Square

City  
Hartford

State  
CT

Zip Code  
06103

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Sen. Joseph I. Lieberman

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: 11309266

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Joe Lieberman

Mailing Address PO Box 231294  
State House Square

City  
Hartford

State  
CT

Zip Code  
06103

Purpose of Disbursement  
Void -

011

Category/  
Type

Candidate Name  
Sen. Joseph I. Lieberman

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: 11410055

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

-1000.00

Void -

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Friends Of Joe Lieberman

Mailing Address PO Box 231294  
State House Square

City Hartford State CT Zip Code 06103

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Joseph I. Lieberman

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CT District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12157441

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Thomas R. Carper

Office Sought: ☐ House  
☒ Senate  
☐ President

State: DE District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309268

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Max Baucus

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MT District: 1

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2008 US Primary

Transaction ID: 11309274

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

## **A. Rely On Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12157437

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Congressional Majority Committee**

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12157440

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Friends Of Conrad Burns - 2006**

Mailing Address PO Box 1596

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name  
Sen. Conrad Burns

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MT District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11120168

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A.** Friends Of Conrad Burns - 2006

Mailing Address PO Box 1596

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Conrad Burns

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 2

Transaction ID: 12157444

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Price For Congress

Mailing Address PO Box 425

City  
Roswell

State  
GA

Zip Code  
30077

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Thomas E. Price, M.D.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 12157442

Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Conrad Burns - 2006

Mailing Address PO Box 1596

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Void - Friends Of Conrad Burns - 2006

Candidate Name  
Sen. Conrad Burns

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 2

Transaction ID: 12168180

Date of Disbursement

12 / 28 / 2005

Amount of Each Disbursement this Period

-1000.00

Void - Friends Of Conrad  
Burns - 2006

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

35500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

## **A. Missourians for Matt Blunt**

Mailing Address PO Box 695

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement  
Void - Check reported 7/14/2004

Candidate Name  
Matt Blunt

Office Sought: ☐ House  
☐ Senate  
☐ President

State: MO District:

Disbursement For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 12730264

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

Void - Check reported 7/1-4/2004

Full Name (Last, First, Middle Initial)

## **B. Perdue for a New Georgia**

Mailing Address PO Box 12369

City Atlanta State GA Zip Code 30355-2369

Purpose of Disbursement  
Sonny Perdue, GOVERNOR GA

Candidate Name  
Sonny Perdue

Office Sought: ☐ House  
☐ Senate  
☐ President

State: GA District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11309265

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Sonny Perdue, GOVERNOR  
GA

Full Name (Last, First, Middle Initial)

## **C. Citizens for Spencer Swalm**

Mailing Address 7250 S. Ivy Ct.

City Centennial State CO Zip Code 80112

Purpose of Disbursement  
Contribution

Candidate Name  
Spencer Swalm

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 37

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 11148448

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

200.00

Form/Schedule: **F3XA**

Transaction ID:

Please note that the \$6,000 payment to the National Association of Health Underwriters reported on Schdule B of this report was for travel associated with a PAC conference. These funds were not used for the purpose of influencing any federal election.

\*\*\*\*\*